CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00062098	sion Filers)	2 Total pages fi	led: I:5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Ronald E.				
NAME					Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Reynolds				
				710.0005	Date Hand-delivered o	r Data Doctmorked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivered d	i Dale Poslinarkeu
MAILING	6140 Hwy. 6 South, Ste. 2	33			Receipt #	Amount
ADDRESS						Anount
Change of Address	Missouri City, TX 77459-38	802			Date Processed	
					Dale Flocessed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Ronald E.		ivii		
NAME		Runalu E.				
	NICKNAME	LAST		SUFFIX		
		Reynolds				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	6140 Highway 6 South #23	33				
(Residence or Business)	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHON	E NUMBER	EXTENSION			
TREASURER PHONE	(832) 721-2667					
FHONE						
8 REPORT						
TYPE	January 15 X	30th day before	e election	Runoff		mpaign treasurer
		- -			appointment (offi	
	July 15	8th day before		Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	-		Month Day	Year	
COVERED	07/01/2024	11	IROUGH	09/26/2024	1	
10 ELECTION	ELECTION DATE			ELECTION TYPE	—	
	Month Day Year		Primary	Runoff	Other	
	11/05/2024	X	General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	ict 27		State Representa		
		GO 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.et	hics.state.tx.us	6	Vers	ion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 45

13 C / OH NAME	Reynolds, Ronald E.	(The Honorable)		14 Filer ID 00062098	(Ethics Con	mission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accep These expenditures may h d officeholders are required	ave been made without	the candidate's or offi	iceholder's kn	owledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN	N TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRI ES OF LOANS, OR CONT			5, \$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR G	JARANTEES OF LOANS	S)	\$	20,647.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENE	DITURES		\$	130.00		
	4. TOTAL POLITIC	AL EXPENDITURES			\$	38,603.65		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA	INTAINED AS OF THE L	AST DAY OF THE	\$	10,111.12		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	AL AMOUNT OF ALL OUT TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	42,500.00		
17 AFFIDAVIT								
		true ar	r, or affirm, under penalt nd correct and includes a Title 15, Election Code.					
			The Honora	able Ronald E. Rey	nolds			
			Signature of	f Candidate or Officeh	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid		, this the		day		
of	, 20, to c	ertify which, witness my ha	nd and seal of office.					
Signature of offic	cer administering	Printed name of offic	er administering	Title of offic	er administer	ing oath		
Forms provided by Te	xas Ethics Commissior	www.ethics	.state.tx.us		Version V	4.1.0.48da51f7		

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 45 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 20,647.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 17,500.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 38,603.65 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/45	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		onald E. (The Honorable)			00062098	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	09/16/2024	Ahmed, Farha				\$1,000.00
		6 Contributor address; City; State; Zip Code		"		
		Sugar Land, TX 77479				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	<u> </u>		
ľ	Attorney		Self Employed	15)		
╞	-			Т	Amount of Contribution (¢)	
	Date		C (ID#:)		Amount of Contribution (\$)	¢1 000 00
	09/19/2024					\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77027				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	I IS)		
		,		,		
╞	Date	Full name of contributor Out-of-state PAC	 C (ID#:)	Т	Amount of Contribution (\$)	
	09/25/2024	Anderson, Emily	, (1011,			\$50.00
	•••					
		HOUSTON, TX 77081				
		pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Engineer		Halff Associates, Inc.			
	Date	Full name of contributor out-of-state PAC) (ID#:)		Amount of Contribution (\$)	
	07/24/2024	Anderson, Terri				\$1,000.00
		Contributor address; City; State; Zip Code		1		
	Dringing ago	Coppell, TX 75019	Employer (Cool Instruction			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	IS)		
╞	D			Т		
	Date	Full name of contributor Out-of-state PAC	; (ID#:)		Amount of Contribution (\$)	ቀንድብ በበ
	08/09/2024	Arechiga, Jason				\$250.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78259				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	l IS)		
	Developer	······································	The Nrp Group	-,		
⊢						

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

	The Instru	ction Guide explains how	v to complete this f	iorm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/45	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		onald E. (The Honorable)				00062098	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	09/04/2024	Bobrick, William					\$10.00
		6 Contributor address; City; St			1		
		Sugar Land, TX 77478					
8	Principal occu	pation / Job title (See Instructions	 S)	9 Employer (See Instructions	5)		
	Organizer		·/	AFT of Texas	-,		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/25/2024	Caddie, Dr. Verna		/		Allount of Contineation (+)	\$100.00
	00,20,222	Contributor address; City; Si			\mathbf{I}		+=•
		Spring, TX 77388					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/21/2024	Carroll, Donald					\$50.00
		Contributor address; City; St	tate; Zip Code		1		
		Texas City , TX 77592		<u>.</u>			
		pation / Job title (See Instructions	\$)	Employer (See Instructions	5)		
	N/A			N/A			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/19/2024	Chapman, Randall					\$100.00
		Contributor address; City; St	tate; Zip Code]		
		Austin, TX 78704					
┝	Principal occu	Ipation / Job title (See Instructions	-)	Employer (See Instructions	<u> </u> -)		
	Fillupa occa	שמוטוו / שטט מווכ נשכנ וושמענוטווב	<i>י</i>)		5)		
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	09/25/2024	Clouser, Joel (Judge)		/			\$100.00
	••••	Contributor address; City; St	tate [.] Zin Code		•		*
		Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Judge			Fort Bend County			

	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/45	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		onald E. (The Honorable)				00062098	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/24/2024	Coats Rose P.C. PAC					\$1,000.00
	I	6 Contributor address; City; Sta	ate; Zip Code				
Ļ		Houston , TX 77046					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)	;)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	08/09/2024	Contractor, Amatulla	_				\$50.00
	I	Contributor address; City; Sta					
		Katy, TX 77449					
		pation / Job title (See Instructions))	Employer (See Instructions)	5)		
	Consultant			Self	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2024	Davis, Willie					\$200.00
		Contributor address; City; Sta					
		Rosharon, TX 77489					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	N/A			N/A	'		
╞	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/18/2024	Eaton, Samuel		/			\$1,000.00
	00/10/2021		ate: Zin Code				Ψ1,000.00
		CUITITIDUTOT AUGTESS, City, Su					
		тх					
	Principal occu	pation / Job title (See Instructions)	,	Employer (See Instructions)	5)		
	N/A			N/A			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/18/2024	Ellis, Rodney	_				\$1,000.00
	I	Contributor address; City; Sta	ate; Zip Code				
		Hoston, TX 77005					
		pation / Job title (See Instructions)	1	Employer (See Instructions))		
	Commission	er		Harris County			

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

Reynolds, Ronald E. (The Honorable) 00062098 4 Date 5 Full name of contributor out-of-state PAC (Der) 7 Amount of Contribution (\$) 09/18/2024 5 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$500.00 6 Contributor address; City; State; Zip Code N/A Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) \$15.00 08/09/2024 Full name of contributor out-of-state PAC (Der				—		
Reynolds, Ronald E. (The Honorable) 00062098 4 Date 5 Full name of contributor out-of-state PAC (De:) 7 Amount of Contribution (\$) 09/18/2024 6 Contributor address: City: State: Zip Code 7 Houston, TX 77013 9 Employer (See Instructions) 7 N/A N/A N/A Date Full name of contributor out-of-state PAC (De:) N/A N/A Amount of Contribution (\$) Support Full name of contributor out-of-state PAC (De:) N/A Jones, Errol Contributor address; City: State; Zip Code Espanola, NM 87532 Employer (See Instructions) Amount of Contribution (\$) Teacher Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) 08/27/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-s	The Instruc	ction Guide explains how to complete this f	orm.			
Reynolds, Ronald E. (The Honorable) 00062098 4 Date 5 Full name of contributor out-of-state PAC (De:) 7 Amount of Contribution (\$) 09/18/2024 6 Contributor address: City: State: Zip Code 7 Houston, TX 77013 9 Employer (See Instructions) 7 N/A N/A N/A Date Full name of contributor out-of-state PAC (De:) N/A N/A Amount of Contribution (\$) Support Full name of contributor out-of-state PAC (De:) N/A Jones, Errol Contributor address; City: State; Zip Code Espanola, NM 87532 Employer (See Instructions) Amount of Contribution (\$) Teacher Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) 08/27/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-state PAC (De:) Amount of Contribution (\$) \$25.00 09/16/2024 Full name of contributor out-of-s	2 FILER NAME			3	Filer ID (Ethics Commissior	n Filers)
09/18/2024 Johnson, Carolym \$500.00 6 Contributor address; City; State: Zip Code Houston, TX 77013 8 Principal occupation / Job title (See Instructions) N/A NA Date Full name of contributor out-of-state PAC (Der		onald E. (The Honorable)				,
6 Contributor address; City; State; Zip Code Houston, TX 77013 9 Employer (See Instructions) N/A N/A Date Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) S15.00 08/09/2024 Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Date Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) Employer (See Instructions) \$25.00 Date Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) 08/27/2024 Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) 08/27/2024 Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) 08/27/2024 Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) 09/16/2024 Full name of contributor out-of-state PAC (IO#) Amount of Contribution (\$) 09/16/2024 Full name of contributor out-of-state PAC (IO#)	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Houston , TX 77013 9 8 Principal occupation / Job title (See Instructions) N/A N/A Date 08/09/2024 Full name of contributor	09/18/2024					\$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 out-of-state PAC (IDE:) Jones, Errol Amount of Contribution (\$) \$15.00 Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) LAPS Amount of Contribution (\$) \$25.00 Date 08/27/2024 Full name of contributor out-of-state PAC (IDE:) Jones, Errol Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Date 08/27/2024 Full name of contributor out-of-state PAC (IDE:) Jones, Errol Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) LAPS Amount of Contribution (\$) \$500.00 Date 09/16/2024 Full name of contributor out-of-state PAC (IDE:) N/A Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$250.00				1		
8 Principal occupation / Job title (See Instructions) N/A 9 Employer (See Instructions) N/A Date 08/09/2024 Full name of contributor out-of-state PAC (IDE:) Jones, Errol Amount of Contribution (\$) \$15.00 Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) LAPS Amount of Contribution (\$) \$25.00 Date 08/27/2024 Full name of contributor out-of-state PAC (IDE:) Jones, Errol Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Date 08/27/2024 Full name of contributor out-of-state PAC (IDE:) Jones, Errol Contributor address; City; State; Zip Code Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) LAPS Amount of Contribution (\$) \$500.00 Date 09/16/2024 Full name of contributor out-of-state PAC (IDE:) N/A Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) N/A Employer (See Instructions) N/A Amount of Contribution (\$) \$250.00						
N/A N/A Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 08/09/2024 Jones, Errol S15.00 Contributor address; City, State; Zip Code Employer (See Instructions) Employer (See Instructions) Teacher LAPS Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 08/27/2024 Jones, Errol out-of-state PAC (ID# Amount of Contribution (\$) 08/27/2024 Jones, Errol S25.00 S25.00 Contributor address; City, State; Zip Code Employer (See Instructions) S25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) S25.00 Teacher LAPS LAPS S25.00 Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 09/16/2024 Kalaga, Sharat Contributor address; City; State; Zip Code Amount of Contribution (\$) Sugarland, TX 77479 Employer (See Instructions) N/A S500.00 N/A Out-of-state PAC (ID# Amount of Contribution (\$) \$250.00 O7/24/2024 Full name of contr		Houston , TX 77013				
08/09/2024 Jones, Errol \$15.00 Contributor address; City; State; Zip Code Employer (See Instructions) \$15.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor		pation / Job title (See Instructions)		s)		
Contributor address; City, State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Date 08/27/2024 Jones, Errol Contributor address; City, State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Amount of Contributor (See Instructions) Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Date 08/27/2024 Jones, Errol Contributor address; City, State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Date Oate Sugarland, TX 77479 Principal occupation / Job title (See Instructions) N/A N/A Date Sugarland, TX 77479 Principal occupation / Job title (See Instructions) N/A Date Full name of contributor Out-of-state PAC (ID#	Date	Full name of contributor out-of-state PAC (ID#:)	\Box	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) Teacher Date 08/27/2024 Jones, Errol Contributor address; City; State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) LAPS Amount of Contribution (\$) S25.00 Contributor address; City; State; Zip Code Espanola, NM 87532 Principal occupation / Job title (See Instructions) Teacher Date Obj/16/2024 Full name of contributor Out-of-state PAC (ID#:	08/09/2024					\$15.00
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The Instruction Guide explains how to complete this form.	
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	Filer ID (Ethics Commission Filers)
Reynolds, Ronald E. (The Honorable)	00062098
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)
09/16/2024 Kommineni, Sunil	\$250.00
6 Contributor address; City; State; Zip Code	
Pearland, TX 77584	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/24/2024 Latsha, Jean	\$500.00
Contributor address; City; State; Zip Code	
Austin , TX 78731	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/19/2024 Maguire-Powell, Alison	\$10.00
Contributor address; City; State; Zip Code	
Denton, TX 76210	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/24/2024 Nantucket Housing	\$500.00
Contributor address; City; State; Zip Code	
Houston , TX 77043	
Houston , TX 77043 Employer (See Instructions)	
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Reynolds, Ronald E. (The Honorable) 00062098 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)					
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6 Contributor address; City; State; Zip Code Richmond, TX 77406 Principal occupation / Job title (See Instructions) Medical Doctor Participal occupation / Job title (See Instructions) Medical Doctor Reincke Vein Center Date Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
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Manager, Career Services Houston Community College Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/09/2024 Saar , Kathryn Stood \$100.00 Contributor address; City, State; Zip Code Employer (See Instructions) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Affordable Housing Development In ame of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley Stoode Stoode \$100.00 Missouri City, TX 77459 Employer (See Instructions) \$100.00 Not Employed Mount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00 Obj/18/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00 Op/18/2024 Full name of contributor out-of-state PAC (ID#:	Principal occu	,	Employer (See Instructions	<u> </u>	
Date Full name of contributor out-of-state PAC (ID#:					
08/09/2024 Saar , Kathryn \$100.00 Contributor address; City; State; Zip Code Park City, TX 84098 Principal occupation / Job title (See Instructions) Employer (See Instructions) Affordable Housing Development The Brownstone Group Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Sewell, Shirley Contributor address; City; State; Zip Code Amount of Contribution (\$) Missouri City, TX 77459 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Spears, Alice Spears, Alice					
Contributor address; City; State; Zip Code Park City, TX 84098 Principal occupation / Job title (See Instructions) Affordable Housing Development Date 09/18/2024 Sewell, Shirley Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Date Og/18/2024 Sewell, Shirley Sewell, Shirley Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Date Og/18/2024 Spears, Alice Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Missouri City, TX 77489 Employer (See Instructions)			/		\$100.00
Park City, TX 84098 Principal occupation / Job title (See Instructions) Affordable Housing Development Date Full name of contributor 09/18/2024 Sewell, Shirley Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Date 69/18/2024 Spears, Alice Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Net Employed Amount of Contribution (\$) Spears, Alice Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/03/2024	-			Ψ100.00
Principal occupation / Job title (See Instructions) Affordable Housing Development Employer (See Instructions) The Brownstone Group Date Full name of contributor out-of-state PAC (ID#:) Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley \$100.00 Missouri City, TX 77459 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date Full name of contributor out-of-state PAC (ID#:) Spears, Alice Amount of Contribution (\$) \$100.00 O9/18/2024 Spears, Alice \$100.00 Missouri City, TX 77489 Missouri City, TX 77489 \$100.00					
Principal occupation / Job title (See Instructions) Affordable Housing Development Employer (See Instructions) The Brownstone Group Date Full name of contributor out-of-state PAC (ID#:) Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley \$100.00 Missouri City, TX 77459 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date Full name of contributor out-of-state PAC (ID#:) Spears, Alice Amount of Contribution (\$) \$100.00 O9/18/2024 Spears, Alice \$100.00 Missouri City, TX 77489 Missouri City, TX 77489 \$100.00					
Principal occupation / Job title (See Instructions) Affordable Housing Development Employer (See Instructions) The Brownstone Group Date Full name of contributor out-of-state PAC (ID#:) Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley Amount of Contribution (\$) \$100.00 O9/18/2024 Sewell, Shirley \$100.00 Missouri City, TX 77459 Employer (See Instructions) Not Employed Amount of Contribution (\$) \$100.00 Date Full name of contributor out-of-state PAC (ID#:) Spears, Alice Amount of Contribution (\$) \$100.00 O9/18/2024 Spears, Alice \$100.00 Missouri City, TX 77489 Missouri City, TX 77489 \$100.00		Park Citv. TX 84098			
Affordable Housing Development The Brownstone Group Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Sewell, Shirley \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77459 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Spears, Alice \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77489 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$100.00	Principal occu		Employer (See Instructions	<u> </u>	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/18/2024 Sewell, Shirley \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor 09/18/2024 Spears, Alice O9/18/2024 Spears, Alice Missouri City, TX 77489 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
09/18/2024 Sewell, Shirley \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77459 \$100.00 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Employer (See Instructions) Not Employed Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00 09/18/2024 Spears, Alice \$100.00 \$100.00 \$100.00 \$100.00 09/18/2024 Missouri City, TX 77489 Amount of Contribution (\$) \$100.00 \$100			· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor 0ut-of-state PAC (ID#:) Amount of Contribution (\$) Spears, Alice Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions) Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)			/	Amount of Continuation (+)	\$100.00
Missouri City, TX 77459 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Spears, Alice Amount of Contribution (\$) Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/10/202 .	-			Ψ±00.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Spears, Alice Amount of Contribution (\$) Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Spears, Alice Amount of Contribution (\$) Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Spears, Alice Amount of Contribution (\$) Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Missouri City, TX 77459			
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09/18/2024 Spears, Alice \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)	•			,	
09/18/2024 Spears, Alice \$100.00 Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)					\$100.00
Missouri City, TX 77489 Principal occupation / Job title (See Instructions) Employer (See Instructions)					• -
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Missouri City, TX 77489			
	Principal occu		Employer (See Instructions	<u>ا</u> ۶)	
I	N/A	•		,	

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	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/45	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		onald E. (The Honorable)				00062098	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/25/2024	Stoecker, Daniel					\$100.00
		6 Contributor address; City; State	e; Zip Code		1		
Ļ		Houston, TX 77084			Ĺ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Consultant			Contracted Exec Self	-		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	TEXPAC - Texas Medical As					\$500.00
		Contributor address; City; State	e; Zip Code				
		Austin TV 78701					
_	Dringinal occu	Austin, TX 78701		Employor (Soo Instructions	<u> </u>		
	Phillipai occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
╞	D-+		7		1	t	
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀን ደብብ በብ
	09/18/2024	TREPAC/Texas Association					\$2,500.00
		Contributor address; City; State	e; Zip Code				
		Austin, TX 78768-2246					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	-						
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/19/2024	Texas Trial Lawyers Associa					\$2,500.00
		Contributor address; City; State					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2024	Tomaszewski, Tom					\$250.00
		Contributor address; City; State	e; Zip Code				
		Frankfort, IL 60423					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	exeuctive			The Annex Group			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/45	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		onald E. (The Honorable)			00062098	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	07/05/2024	Uttley, Meredith				\$5.00
		6 Contributor address; City; State; Zip Code				
		Greenville, SC 29615				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/02/2024	Uttley, Meredith				\$5.00
		Contributor address; City; State; Zip Code		1		
		Greenville, SC 29615				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	20	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/27/2024	Uttley, Meredith				\$5.00
		Contributor address; City; State; Zip Code				
		Greenville, SC 29615				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	· · · · ·	Not Employed	0)		
	Date)	Γ	Amount of Contribution (\$)	
	09/19/2024	Vistra Employee PAC of Vistra Corp.)			\$1,000.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75039				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/16/2024	Vyas, Chetan				\$250.00
		Contributor address; City; State; Zip Code				
	Deinein - L	Katy, TX 77494				
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		
	N//A					

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

LOANS					SCHEDULE E				
The Instructio	n Guide explains how to c	complete this f	form.	-	ges Schedule E: 2 Rpt: 15/45				
2 FILER NAME Reynolds, Ronal	ld E. (The Honorable)			3 Filer ID 000620	(Ethics Commission Filers) 098				
⁴ TOTAL OF UN	IITEMIZED LOANS				\$				
5 Date of loan 08/03/2024	7 Name of lender REYNOLDS, RON (Rep.)	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$5,000.00				
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate				
No	Missouri city, TX 77459				11 Maturity Date				
12 Principal occupation State Represent	on / Job title (See Instructions) ative		13 Employer (See Instruction State of Texas	IS)					
14 Description of Colla	ere deposited	l into political account (See Instructions)							
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)				
X not applicable	18 Guarantor address; City;	State;	Zip Code						
20 Principal occupatio	ກ		21 Employer (See Instruction	is)					
Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)				
08/15/2024	REYNOLDS, RON (Rep.)				\$2,500.00				
Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate				
No	Missouri city, TX 77459				Maturity Date				
Principal occupation	on / Job title (See Instructions) ative		Employer (See Instruction State of Texas	is)					
Description of Colla	ateral		Check if personal funds w	vere deposited	l into political account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)				
X not applicable	Guarantor address; City;	State;	Zip Code						
Principal occupatio	חנ		Employer (See Instructions)						

LOANS					SCHEDULE E				
The Instructio	on Guide explains how to c	omplete this f	form.		ages Schedule E: '2 Rpt: 16/45				
2 FILER NAME Reynolds, Ronal	ld E. (The Honorable)			3 Filer ID 000620	,				
⁴ TOTAL OF UN	IITEMIZED LOANS				\$				
5 Date of loan 08/28/2024	7 Name of lender REYNOLDS, RON (Rep.)	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$5,000.00				
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate				
No	Missouri city, TX 77459				11 Maturity Date				
12 Principal occupation State Represent	on / Job title (See Instructions) ative		13 Employer (See Instruction State of Texas	is)					
14 Description of Colla	ere deposited	d into political account (See Instructions)							
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)				
X not applicable	18 Guarantor address; City;	State;	Zip Code						
20 Principal occupatio)n		21 Employer (See Instruction	ıs)					
Date of loan	Name of lender	out-of-state PA)	Loan Amount (\$)				
09/05/2024	REYNOLDS, RON (Rep.)				\$5,000.00				
Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate				
No	Missouri city, TX 77459				Maturity Date				
Principal occupation	on / Job title (See Instructions) ative		Employer (See Instruction State of Texas	IS)					
Description of Colla	ateral		Check if personal funds w	ere deposited	d into political account (See Instructions)				
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)				
X not applicable	Guarantor address; City;	State;	Zip Code						
Principal occupatio	ท		Employer (See Instructions)						

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_					
1	Sch: 1/28 Rpt: 17/45	2 FILER NAME 3 FILER NAME (Ethics commission Filers) Reynolds, Ronald E. (The Honorable) 00062098						
4	Date	5 Payee name						
	07/14/2024	160-WTLV						
6	Amount (\$) \$11.48	7 Payee address; City; State; Zip Code						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	OF Ees						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	07/28/2024	7-Eleven						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$33.51	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name	_					
	08/07/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	The Instruction Guide explains how to complete this form. 2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
-	Sch: 2/28 Rpt: 18/45	Reynolds, Ronald E. (The Honorable)	00062098							
4	Date 08/15/2024	5 Payee name Act Blue								
6	Amount (\$) \$200.00									
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 (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Contributions									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/26/2024	Act Blue								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/04/2024	Act Blue								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 441146								
		Somerville, MA 02144								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

				EXPEND	TURE CATEGO	RIES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage B Gift/Awards/Mem Legal Services	iorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Relate	
	-				on Guide explains	s how to co	nple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/28 Rpt: 19/45		Reynolds, F	Ronald E. (T	he Honorable)					00062098		
4	Date	5	Payee name									
	09/21/2024		Act Blue									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$500.00		PO Box 442	L146								
			Somerville,	MA 02144								
_	DUDDOOF						(1-)					
8	PURPOSE OF	(a)			ed at the top of this sch	hedule)	(b)	Description	outoi	do of Toyac, Com	plete Schedule T.	
	EXPENDITURE		Contribution		s Made By /Political Comn	nittee				officeholder living		
			Canalater	Sincenolaen		intee		Contribution				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	ie (Office sou	ght			Office he	eld	
	Date		Payee name									
	09/26/2024		Act Blue									
				cc: Citv:	Stato	; Zip Co	do					
	Amount (\$)		Payee addre PO Box 442		Sidle	e, zip co	ue					
	\$92.22		PO B0x 44.	1140								
			Somerville,	MA 02144								
	PURPOSE OF EXPENDITURE	(a)	Category _{(Si} Fees	ee Categories liste	ed at the top of this sch	hedule)	(b)		, TX,	de of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offi	ceholder nam	ie (Office sou	ght			Office he	eld	
	Date		Payee name									
	08/10/2024		Ambition St	rategies								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$650.00		P. O. Box 5			, _, _						
	\$000100		1.0.2000	0000								
			Houston, T	X 77256								
	PURPOSE OF	(a)	Category (S	ee Categories liste	ed at the top of this sch	hedule)	(b)	Description				
	EXPENDITURE		Consulting	Expense							plete Schedule T.	
								Campaign co		officeholder living	expense	
								Sampaign CO	1130	annig		
		Ļ	Condidate (Off	oobolder eee		Office course	~ h+			Office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	cenolder nam	ie (Office sou	ynt			Office he	eiù	
_												

			EXPENDITURE CATEGOR	RIES FOR	вох	8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/28 Rpt: 20/45		Reynolds, Ronald E. (The Honorable)					00062098	
4	Date	5	Payee name						
	07/19/2024		American Caribbean Chamber of Comr	merce					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$1,553.00		11110 Bellaire Blvd						
			Houston, TX 77072						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription			
	OF		Contributions/Donations Made By	cuule)	Ē		outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee		-		officeholder living	expense
					E	vent sponso	orsh	nip	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office he	ld
	- p								
	Date		Payee name						
	08/05/2024		Ann Willams Campaign						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$250.00								
			Houston, TX						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription			
	OF EXPENDITURE		Contributions/Donations Made By			_		de of Texas. Comp	
			Candidate/Officeholder/Political Commi	ittee	Ľ	4	ΤX,	officeholder living	expense
					C	Contribution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ght			Office he	ld
╞	Dete	<u> </u>							
	Date 09/05/2024		Payee name						
			Aubrey R. Taylor Communication						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$2,500.00								
			Houston , TX						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription			
	OF EXPENDITURE		Advertising Expense					de of Texas. Comp	
					L			officeholder living	expense
					C	ampaign ad	S		
L	0 1 1 0 1 1 1 1							017	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office he	ld

			EXPENDITURE CA	TEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)	-
-	Sch: 5/28 Rpt: 21/45		Reynolds, Ronald E. (The Honor	able)				00062098	
4	Date 09/18/2024		Payee name B's Wine Bar						
6	Amount (\$) \$646.34		Payee address; City; 8770 Hwy 6 #300 Missouri City, TX 77459	State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Food/Beverage Expense	f this sche	edule) (Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense age for campaign event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	office soug	ht		Office held	
	Date		Payee name						
	07/31/2024		Biden Victory Fund						
	Amount (\$) \$1,000.00		Payee address; City;	State;	Zip Cod	e			_
			Washington, DC						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Contributions/Donations Made B Candidate/Officeholder/Political (у				ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ot	ffice soug	ht		Office held	
	Date		Payee name						=
	07/11/2024		CBCF						
	Amount (\$) \$200.00		Payee address; City; 1720 Massachusetts Ave	State;	Zip Cod	e			
			Washington, DC 20002						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Event Expense	f this sche	edule) (ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	office soug	ht		Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 6/28 Rpt: 22/45	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
	09/01/2024	Carmen Turner Campaign	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/04/2024	Chevron	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.58	503 Texas Parkway	
		Missouri City , TX 77459	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense etings
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/30/2024	Chevron	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.20	503 Texas Parkway	
		Missouri City , TX 77459	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense etings
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGORIES	S FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
-	Total pages Schedule F1:	1	·	V 10 CO		3	Filer ID (Ethics Commission Filers)
L.	Sch: 7/28 Rpt: 23/45	2	Reynolds, Ronald E. (The Honorable)			3	00062098
4	Date	5	Payee name				
	07/31/2024		Chevron				
6	Amount (\$) \$78.00	7	Payee address; City; State; Z 503 Texas Parkway Missouri City , TX 77459	Zip Cod	e		
8	PURPOSE	(a)	Category (See Categories listed at the tap of this schedule	(a)	b) Description		
-	OF EXPENDITURE	OF Travel In District					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held
	Date		Payee name				
	08/10/2024		Chevron				
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e		
	\$75.25		503 Texas Parkway Missouri City , TX 77459				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Travel In District	le) (ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense 1gS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held
	Date		Payee name				
	09/19/2024		Chevron				
-	Amount (\$)		Payee address; City; State; Z	Zip Cod	е		
	\$63.11		503 Texas Parkway				
			Missouri City , TX 77459				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Travel In District	le) (ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense NGS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offic	ce soug	nt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	verhea Expens Expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 24/45		Reynolds, Ronald E. (The Honorable	e)				00062098
4	Date 07/17/2024	5	Payee name Constant Contact					
6	Amount (\$) \$241.99		Payee address; City; Sta 1601 Trapelo Road Waltham, MA 02451	te; Zip C	ode			
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email service						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	08/16/2024		Constant Contact					
	Amount (\$) \$241.99		Payee address; City; Sta 1601 Trapelo Road	te; Zip C	ode			
			Waltham, MA 02451					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Advertising Expense	schedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense SERVICE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	09/16/2024		Constant Contact					
	Amount (\$) \$261.17		Payee address; City; Sta 1601 Trapelo Road	te; Zip C	ode			
			Waltham, MA 02451					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this a Advertising Expense	schedule)	(b)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expe Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form		head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 9/28 Rpt: 25/45		Reynolds, Ronald E. (The Honorable)				00062098	
4	Date 07/23/2024	5	Payee name Cori Bush for Congress					
6	Amount (\$) \$500.00	7	Payee address; City; State; 75 North Oaks Plaza Saint Louis, MO 63121	Zip Co	le			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	,			de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	lht		Office held	
	Date		Payee name					
	07/17/2024		Curb Taxi					
	Amount (\$) \$20.15		Payee address; City; State;	Zip Co	le			
			ТХ					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense trict	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ıht		Office held	
	Date		Payee name					
	07/15/2024		Desert Cab					
	Amount (\$) \$30.09		Payee address; City; State;	Zip Co	le			
			ТХ					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense trict	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 10/28 Rpt: 26/45	Reynolds, Ronald E. (The Honorable)	00062098						
4	Date 08/20/2024	Payee name Dr. CGK Foundation							
6	Amount (\$) \$500.00								
8	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/22/2024	Fani Willis for Fulton Co District Attorney							
	Amount (\$) \$516.45	Payee address; City; State; Zip Code							
		Atlanta, GA							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/12/2024	Fort Bend County Democratic Party							
	Amount (\$) \$5,000.00	Payee address;City;State;Zip Code13515 Southwest Fwy #204							
		Sugar Land, TX 77478							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Giff/Awards/Memorials Expense Printing Expense Travel Out of District nmittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2		\dashv			
1	Sch: 11/28 Rpt: 27/45	2	Reynolds, Ronald E. (The Honorable) 00062098				
4	Date 09/25/2024	5	Payee name Forward Times				
6	Amount (\$)	7	Payee address; City; State; Zip Code	\neg			
-	\$1,125.00		4411 Almeda Rd Houston, TX 77004				
_	BUBBOOF			\neg			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Control of the state of the state of the state of the schedule							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought Office held				
	Date		Payee name	٦			
	09/25/2024		Forward Times				
	Amount (\$)		Payee address; City; State; Zip Code	\neg			
	\$375.00		4411 Almeda Rd Houston, TX 77004				
	DUDDOCE			_			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email advertising				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				
	Date		Payee name	=			
	09/19/2024		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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution	_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held				

			EXPENDITURE CAT	EGOF	RIES FOR	вС)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	5		pianis		libic		3	Filer ID (Ethics Commission Filers)		
T	Sch: 12/28 Rpt: 28/45	2	Reynolds, Ronald E. (The Honora	able)				3	00062098		
4	Date	5	Payee name								
	07/30/2024		Google								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$75.76		1600 Amphitheatre Parkway								
			Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense		,		Check if travel		de of Texas. Complete Schedule T.		
	EXPENDITORE								officeholder living expense		
	Campaign email service										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held		
	Date		Payee name								
	08/30/2024		Google								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$75.76		1600 Amphitheatre Parkway								
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense						de of Texas. Complete Schedule T.		
							Campaign en		officeholder living expense		
							Campaign en	Iali	Service		
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	nht			Office held		
	expenditure to benefit C/OI				21100 004	<i></i>					
⊢	Date		Payee name								
	07/18/2024		HEB Gas								
	Amount (\$)		Payee address; City;	State:	Zip Co	de.					
	\$61.00		4724 Hwy 6	o tato,	p 000						
			Missouri City, TX 77459								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description				
	EXPENDITURE		Travel In District						de of Texas. Complete Schedule T. officeholder living expense		
							Travel for me				
								Sul			
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	nht			Office held		
	expenditure to benefit C/Oł			C	21100 3000						
-											

			EXPENDITURE CATEGOR	RIES FOF	RBC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense pense pens (pens /ages	e /Contract Labor	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 13/28 Rpt: 29/45		Reynolds, Ronald E. (The Honorable)					00062098			
4	Date	5	Payee name								
	08/18/2024		Harris County Democratic Party								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$1,350.00		4619 Lyons Ave								
			Houston, TX 77020								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF		Contributions/Donations Made By	cuuc)	.,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee				officeholder living expense			
						Event sponso	orsł	nip			
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
⊨	Date		Payee name								
	09/21/2024		Honey Farms								
_			-	Zin Co	do						
	Amount (\$)		Payee address; City; State;	Zip Co	ue						
	\$69.17										
			Missouri City , TX								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Travel In District	,	Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE				Check if Austin, TX, officeholder living expense						
						Travel for me	etir	ngs			
					<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held			
⊨	Date		Payee name								
	09/26/2024		Honey Farms								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$70.00										
			Missouri City , TX								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Travel In District					de of Texas. Complete Schedule T.			
	EXPENDITORE							officeholder living expense			
						Travel for me	etir	ngs			
	Operations Objective in			N# -							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght			Office held			
	,										

			EXPENDIT	URE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	ent & Related Expense
1	Total pages Schodula E1:	12		Toulue explaine .	1000 10 00		2	Filer ID (Eth	nics Commission Filers)
T	Total pages Schedule F1: Sch: 14/28 Rpt: 30/45		FILER NAME Reynolds, Ronald E. (Th	ıe Honorable)			3	00062098	
4	Date	5	Payee name						
	07/17/2024		House of Blues						
6	Amount (\$) \$134.79		Payee address; City; TX	State;	; Zip Cod	e			
8	PURPOSE	(a)	Category (See Categories listed	1 at the top of this sch	iedule)	b) Description			
	OF EXPENDITURE		Event Expense					de of Texas. Complete S officeholder living expe	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	÷ 0	Office soug	ht		Office held	
	Date	Γ	Payee name						
	09/04/2024		Houston Black Americar	1 Democrats					
	Amount (\$)	\vdash	Payee address; City;	State;	; Zip Cod	e			
	\$2,500.00		Houston , TX						
	PURPOSE OF EXPENDITURE		Category _{(See Categories listed} Contributions/Donations Candidate/Officeholder/F	Made By	,		, тх,	de of Texas. Complete S officeholder living exper hip	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	; C	Office soug	ht		Office held	
	Date	Γ	Payee name						
	07/26/2024		Houston Chronicle						
	Amount (\$)	\vdash	Payee address; City;	State;	; Zip Cod	e			
	\$27.72		4747 Southwest Fwy		•				
			Houston, TX 77027						
	PURPOSE OF EXPENDITURE		Category _{(See Categories listed} Fees	at the top of this sche	edule) (, тх,	de of Texas. Complete S officeholder living exper S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	; O	Office soug	ht		Office held	

			EXPENDITURE (CATEGO	RIES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 15/28 Rpt: 31/45		Reynolds, Ronald E. (The Hor	norable)				00062098				
4	Date	5	Payee name									
	08/23/2024		Houston Chronicle									
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	Э						
	\$27.72	.	4747 Southwest Fwy									
			Houston, TX 77027									
_	DUDDOCE											
8	PURPOSE OF	Category (See Categories listed at the to	edule) (I	Description	outei	de of Texas. Comp	ate Schedule T					
	EXPENDITURE		Fees					officeholder living				
						Subscription						
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sough	nt		Office hel	d			
	Date		Payee name									
	09/20/2024		Houston Chronicle									
-	Amount (\$)		Payee address; City;	State:	Zip Cod	9						
	\$27.72		4747 Southwest Fwy	,		-						
	+==											
			Houston, TX 77027									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	edule) (I	Description						
	EXPENDITURE		Fees					utside of Texas. Complete Schedule T. TX, officeholder living expense				
						Subscription		-	SAPONOO			
								-				
	Complete ONLY if direct	L C	andidate/Officeholder name	C	Office sough	nt		Office hel	d			
	expenditure to benefit C/OF	Н							-			
-	Date		Payee name									
	09/24/2024	I	Inspiration Church									
	Amount (\$)		Payee address; City;	State:	Zip Cod	2						
	\$1,007.00		16310 Chimney Rock R	State,		2						
	¢1,007.00											
			Houston , TX 77053									
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule) (I) Description						
	OF EXPENDITURE		Contributions/Donations Made					de of Texas. Comp				
			Candidate/Officeholder/Politic	al Comm	ittee		, TX,	officeholder living	expense			
						Donation						
						-						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sougl	nt		Office hel	d			
		•										

			EXPENDITURE (CATEGOR	IES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		ad/Rental Expense se ise ss/Contract Labor	Travel in District Travel Out of Distr	uipment & Related Expense	
-	T. tol worker Cabadula E1			e capiains in	Uw to comp			(Ethics Octomission Filoro)
1	Total pages Schedule F1: Sch: 16/28 Rpt: 32/45		E Ronald E. (The Hor	norable)			3 Filer ID 00062098	(Ethics Commission Filers)
4	Date	5 Payee name	9				•	
	07/01/2024	Johnson, A	Antron					
6	Amount (\$) \$805.00	 7 Payee addr TX 	ess; City;	State;	Zip Code			
8	PURPOSE	(a) Category	See Categories listed at the to	on of this scher	dule) (b)	Description		
	OF EXPENDITURE		ages/Contract Labo			Check if travel	outside of Texas. Compl , TX, officeholder living e D rk	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ficeholder name	Of	ffice sought		Office hele	d
	Date	Payee name	9					
	07/01/2024	Johnson, A	Antron					
	Amount (\$) \$500.00	Payee addr	ess; City;	State;	Zip Code			
		ТХ						
	PURPOSE OF EXPENDITURE		See Categories listed at the to 'ages/Contract Labo		_{dule)} (b)		outside of Texas. Compl , TX, officeholder living e Drk	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Of	ffice sought		Office hele	d
	Date	Payee name	9					
	07/23/2024	-	arris Campaign					
	Amount (\$) \$100.00	Payee addr PO BOX 9		State;	Zip Code			
		Washingto	n, DC 20077					
	PURPOSE OF EXPENDITURE	Contributio	See Categories listed at the to Ins/Donations Made Officeholder/Politica	e By	,		outside of Texas. Compl , TX, officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Of	ffice sought		Office held	d

				EXPEN	NDITURE CA	TEGOF	RIES FOR	BC	DX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Service	ige Expense Memorials Expens es	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Le explains how to complete this form.		d/Rental Expense e /Contract Labor		Solicitation/Funda Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment & Re trict	elated Expense			
1	Total pages Schedule F1:	2								2	3 Filer ID (Ethics Commission Fi				
T	Sch: 17/28 Rpt: 33/45	I	Reynolds, F		(The Hono	rable)				3	00062098				
4	Date	5	Payee name												
	07/04/2024		Katy Demo												
6	Amount (\$) \$150.00		Payee addre Katy, TX	ess; Cit	у;	State;	; Zip Coo	je							
8	PURPOSE	(a)	Category (Se	ee Categories	listed at the top (of this schr	edule)	(b)	Description						
	OF EXPENDITURE		Contribution	ns/Donatio	ons Made B der/Political	Ву		_	Check if travel		de of Texas. Comp officeholder living		эт.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	0	Office sou	jht			Office he	eld			
	Date	Γ	Payee name							_					
	09/11/2024	1	Kristin Tass		aign										
	Amount (\$)		Payee addre	-	-	State:	Zip Co	de							
	\$250.00		тх												
	PURPOSE OF EXPENDITURE			ns/Donatio	isted at the top o ons Made B der/Political	Ву		(b)			de of Texas. Comp officeholder living		ет.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	.ceholder n	ame	0	Office sou	jht			Office he	eld			
	Date	Γ	Payee name												
	07/19/2024		Mandalay B	3ay Hotel											
	Amount (\$)		Payee addre	ess; Cit	īv:	State;	; Zip Co	de							
	\$1,054.48		3950 S Las		-		·								
			Las Vegas,	NV 8911	9										
	PURPOSE OF EXPENDITURE		Category (Si Travel Out o			of this sche	edule)	(b)	Description X Check if travel Check if Austin Check if Austin Lodging Check if Austin		de of Texas. Comp officeholder living		э Т.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder n	ame	0	Office sou	jht			Office he	ld			

			EXPENDITURE CATEGOR	RIES FOF	BO	K 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing Ex Salaries/W	rhead/l bense pense 'ages/C	/Reimbursement Rental Expense Contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	·		•		3	Filer ID (Ethics Commission Filers)		
-	Sch: 18/28 Rpt: 34/45		Reynolds, Ronald E. (The Honorable)				3	00062098		
4	Date	5	Payee name							
	09/04/2024		Minority Print							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$350.00		2646 S Loop W							
			Houston, TX 77054							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) [Description				
	OF	Ľ	Advertising Expense	euule)	Γ		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		3		Ē	Check if Austin,	, TX,	officeholder living expense		
					(Campaign ad	lver	rtising		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date	Γ	Payee name							
	09/25/2024		Minority Print							
	Amount (\$)	┝	-	Zip Co	de					
	\$300.00		2646 S Loop W		uc					
	ψυυυ.υυ		2040 3 2000 1							
			Houston, TX 77054							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description				
	OF EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					г	Printing				
	O mentate ONU V if direct	Ľ			1- 4			Office hald		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gni			Office held		
	Date	Γ	Payee name							
	09/19/2024		Monica Riley Consultant							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$910.00		,,,							
	+									
			ту							
			TX							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) [Description		de ef Teures, Osmanlada, Oshadada, T		
	EXPENDITURE		Consulting Expense		Ļ			de of Texas. Complete Schedule T. officeholder living expense		
					L	Campaign co				
					,	campaign co	1130	anng		
	Complete ONLV if direct	Ļ	Candidate/Officeholder name C)ffico cou	abt			Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicenoider name	Office sou	ynı			Office field		

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 19/28 Rpt: 35/45		Reynolds, Ronald E. (The Honorable)				00062098			
4	Date 07/16/2024		Payee name Next Wave Strategies							
6	Amount (\$) \$500.00									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign consulting										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ıht		Office held			
	Date		Payee name							
	08/03/2024		Next Wave Strategies							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$500.00		2339 Commerce St suite 213 Houston, TX 77002							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	ide of Texas. Complete Schedule T. , officeholder living expense ulting						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	lht		Office held			
	Date		Payee name							
	09/03/2024		Next Wave Strategies							
	Amount (\$) \$500.00		Payee address; City; State; 2339 Commerce St suite 213	Zip Co	le					
			Houston, TX 77002							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Consulting Expense	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ulting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	Jht		Office held			

		EXPENDIT	URE CATEGORIES FO	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	pense Office Ov pense Polling Expense Printing E Salaries/V	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_			Guide explains how to co	omplete this form.	
1	Total pages Schedule F1:		· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
	Sch: 20/28 Rpt: 36/45	Reynolds, Ronald E. (The	e Honorable)		00062098
4	Date	Payee name			
	07/05/2024	Oscar Telfair Campaign			
6	Amount (\$) \$250.00	Payee address; City; TX	State; Zip Co	ode	
8	PURPOSE	Category (See Categories listed	-t the ten of this cohodulo)	(b) Description	
	OF	Category (See Categories listed Contributions/Donations Candidate/Officeholder/P	Made By	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ught	Office held
	Date	Payee name			
	07/02/2024	Paypal			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$35.00	2211 N First St San Jose, CA 95131			
	PURPOSE OF EXPENDITURE	Category (See Categories listed Fees	at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ught	Office held
	Date	Payee name			
	07/30/2024	Paypal			
	Amount (\$)	Payee address; City;	State; Zip Co	ode	
	\$25.00	2211 N First St			
		San Jose, CA 95131			
	PURPOSE OF EXPENDITURE	Category (See Categories listed Fees	at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ught	Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)
1	Sch: 21/28 Rpt: 37/45		Reynolds, Ronald E. (The Honorable)			3	00062098
4	Date 08/10/2024		Payee name Paypal				
6	Amount (\$) \$8.00		Payee address; City; State; 2211 N First St San Jose, CA 95131	Zip Coo	le		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held
	Date	\square	Payee name				
	08/13/2024		Paypal				
	Amount (\$) \$35.00		Payee address; City; State; 2211 N First St San Jose, CA 95131	Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held
	Date	Γ	Payee name				
	09/06/2024		Paypal				
	Amount (\$) \$35.00		Payee address; City; State; 2211 N First St	Zip Co	le		
		L	San Jose, CA 95131				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ht		Office held

			EXPENDITURE CATEGO	ORIES FOR	R BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Office Ove Polling Ex Printing E Salaries/V	erhead/ pense xpense Vages/0	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Ļ	This is a Ostantula F1.	1	The Instruction Guide explain	S NOW LO CO	mpier		~	T'' ID (Ethics Octomission Filoro)
1	Total pages Schedule F1: Sch: 22/28 Rpt: 38/45		FILER NAME Reynolds, Ronald E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062098
4	Date 07/21/2024		Payee name Post Net					
6				e; Zip Co	do			
0	\$247.89		6140 Highway 6 South Missouri City, TX 77459	ε, Ζιρ Ου	ue			
_			-					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Office Overhead/Rental Expense	chedule)	l I			de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	09/17/2024		RB Washington					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	de			
	\$1,407.63		ТХ					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this se Event Expense	chedule)			TX,	de of Texas. Complete Schedule T. . officeholder living expense nt expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	07/24/2024		SEIF Cedar Creek					
	Amount (\$) \$66.77		Payee address; City; Stat	e; Zip Co	de			
			ТХ					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this se Travel In District	chedule)			TX,	de of Texas. Complete Schedule T. officeholder living expense NGS
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held

		EXPENDITURE CATEGORIES FOR BC	DX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)
•	Sch: 23/28 Rpt: 39/45	Reynolds, Ronald E. (The Honorable)	00062098
4	Date 07/09/2024	Payee name Shell Oil	
6	Amount (\$) \$81.98	Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478	
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/21/2024	Shell Oil	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	13747 Southwest Fwy Sugar Land, TX 77478	
	PURPOSE OF EXPENDITURE	-	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/03/2024	Shell Oil	
	Amount (\$) \$78.05	Payee address;City;State;ZipCode13747 Southwest Fwy	
		Sugar Land, TX 77478	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meetings
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CA	TEGORIES	FOR B	OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	e Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Expense bove)		
1	Total pages Schedule F1:	2 FILF					3 F	iler ID	(Ethics Commiss	sion Filers)	
-	Sch: 24/28 Rpt: 40/45		nolds, Ronald E. (The Honc	rable)				0062098	(
4	Date	5 Pay	Payee name								
	09/23/2024	She	riff Eric Fagan Campaign								
6	Amount (\$) \$500.00	7 Pay TX	ee address; City;	State; Zij	o Code						
8	PURPOSE	(a) Cate	egory (See Categories listed at the top	of this schedule)	(b	Description					
	OF EXPENDITURE	Cor	tributions/Donations Made I didate/Officeholder/Political	Зу				of Texas. Com	plete Schedule T. expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	Office	e sough	t		Office he	ld		
	Date	Pay	ee name								
	07/04/2024	Soι	thwest Airlines								
	Amount (\$)	Pay	ee address; City;	State; Zij	code						
	\$416.92	270	2 Love Field Dr Dallas as, TX 75235								
	DUDDOCE				14						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top /el Out of District	of this schedule;			, TX, of	ficeholder living	olete Schedule T. expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	Office	e sough	t		Office he	ld		
	Date	Pay	ee name								
	07/04/2024	Sou	thwest Airlines								
	Amount (\$)	Pav	ee address; City;	State; Zij	code						
	\$50.00		2 Love Field Dr Dallas								
		Dal	as, TX 75235								
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top vel Out of District	of this schedule;) (b		, TX, of	ficeholder living	olete Schedule T. expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	Office	e sough	t		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex ee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 25/28 Rpt: 41/45		eynolds, Ronald E. (The Honorable) 00062098							
4	Date 5 Payee name 07/14/2024 Southwest Airlines									
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$497.52 2702 Love Field Dr Dallas Dallas, TX 75235									
_	BUBBOOF					1				
8	PURPOSE OF EXPENDITURE		egory (See Categories listed at the t wel Out of District	op of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
						Travel out of				
9	Complete ONLY if direct expenditure to benefit C/O		lidate/Officeholder name	С	Dffice soug	ht		Office held		
	Date	Pa	/ee name							
	08/07/2024	So	uthwest Airlines							
_	Amount (\$)	Pa	vee address; City;	State:	Zip Coo	e				
	\$823.36	-	02 Love Field Dr Dallas	,	,p	-				
			llas, TX 75235							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the t vel Out of District	top of this sch	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense trict		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held		
	Date	Pa	/ee name							
	08/11/2024	-	uthwest Airlines							
	Amount (\$)	Pa	/ee address; City;	State;	; Zip Coo	е				
	\$45.00	27	02 Love Field Dr Dallas							
		Da	llas, TX 75235							
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the t vel Out of District	top of this sch	edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense trict		
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholder name	С	Office soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 26/28 Rpt: 42/45		Reynolds, Ronald E. (The Honorable)							
4	Date 08/11/2024	5	Payee name Southwest Airlines							
6	Amount (\$) \$40.00	7	Payee address; City; State; 2702 Love Field Dr Dallas Dallas, TX 75235	Zip Coc	e					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Travel Out of District	lule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense trict			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	08/27/2024		St. John MBC							
	Amount (\$) \$250.00		Payee address; City; State;	Zip Coo	e					
			Houston, TX							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Committed				de of Texas. Complete Schedule T. . officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	07/09/2024		T-Mobile							
	Amount (\$) \$293.13		Payee address; City; State; 6947 Gall Blvd	Zip Coo	e					
			Zephyrhills, FL 33542							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	lule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			

		EX	PENDITURE CATEGOR	RIES FOR BO	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/B Gift/Aw	xpense everage Expense ards/Memorials Expense ervices	Office Overhea Polling Expens Printing Expens		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)		
	Sch: 27/28 Rpt: 43/45	Reynolds, Ronald	Reynolds, Ronald E. (The Honorable) 00062098						
4	Date	Payee name							
	08/08/2024	T-Mobile							
6	Amount (\$) \$293.06	Payee address; 6947 Gall Blvd		Zip Code					
		Zephyrhills, FL 3	3042						
8	PURPOSE OF EXPENDITURE) Category _{(See Categ} Office Overhead/	ories listed at the top of this sch Rental Expense	edule) (b)		outside of Texas. Comp , TX, officeholder living e			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehold	ler name C	Dffice sought		Office he	ld		
	Date	Payee name							
	09/13/2024	T-Mobile							
	Amount (\$)	Payee address;	City; State;	Zip Code					
	\$287.32	6947 Gall Blvd Zephyrhills, FL 3	3542						
	PURPOSE OF EXPENDITURE) Category _{(See Categ} Office Overhead/	jories listed at the top of this sch Rental Expense	edule) (b)		outside of Texas. Comp , TX, officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehold	ler name C	Office sought		Office he	ld		
	Date	Payee name							
	08/01/2024	Texas Democrati	c Party						
	Amount (\$)	Payee address;	City; State;	Zip Code					
	\$2,500.00	PO Box 15707		, I					
		Austin, TX 78761							
	PURPOSE OF		ories listed at the top of this sch	edule) (b)	Description				
	EXPENDITURE	Contributions/Do Candidate/Office	nations Made By holder/Political Comm	ittee		outside of Texas. Comp , TX, officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehold	ler name C	Office sought		Office he	ld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			egal Services	Expense morials Expense ion Guide explair	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related E	
1	Total pages Schedule F1:	5		110 11101 400	on ourde express	13 11010 10 00	inpr.		3	Filer ID	(Ethics Commissi	on Eilers)
1	Sch: 28/28 Rpt: 44/45			onald E. (⁻	The Honorable	e)			3	00062098		
4	Date	5	Payee name									
	08/04/2024		The Caucus									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$40.00 PO Box 66664 PO Box 66664											
			Houston, TX	77266								
8	PURPOSE	(a)	Category (See	Categories lis	ted at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE			ns/Donations Made By Officeholder/Political Committee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder naı	ne	Office sou	ight			Office he	eld	
	Date		Payee name									
	07/26/2024		The Fight for	Democra	су							
	Amount (\$)		Payee address	; City;	Sta	te; Zip Co	de					
	\$250.00		Houston, TX									
_	PURPOSE						(h)	Description				
	OF EXPENDITURE		Contributions	/Donatior	ted at the top of this s is Made By r/Political Com		(5)	Check if travel		de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder naı	ne	Office sou	ight			Office he	eld	
	Date		Payee name									
	09/07/2024		Wiseman Co	mpany								
	Amount (\$) \$450.00		Payee address	;; City;	Sta	te; Zip Co	de					
			Houston, TX									
	PURPOSE OF EXPENDITURE		Category _{(See} Advertising E		ted at the top of this s	schedule)	(b)		, TX,	de of Texas. Com officeholder living ads		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	eholder nai	ne	Office sou	ght			Office he	eld	

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

SCHEDULE T

The Inst	ruction G	Guide explains how to complete thi	1 Total pages Schedule T: Sch: 1/1 Rpt: 45/45					
2 FILER NAME				3 Filer ID (Ethics Col	mmission Filers)			
Reynolds, Rona	ld E. (The	Honorable)		00062098				
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee						
Mandalay Bay H								
5 Contribution / Expe		ported on:						
Schedule A2		Schedule B Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4 Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel		of person(s) traveling						
	Reyno	lds, Ronald (Rep.)						
	8 Depart	ure city or name of departure location						
	Houst	on						
	9 Destina	ation city or name of destination location						
	Las Ve							
10 Means of transpor		11 Purpose of travel (including name of confe	erence seminar or	r other event)				
	lation	NAACP National Convention						