CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00062098		2 Total pages fi	led: 31
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER		Ronald E.			OFFICE	USE ONLY
NAME	The Honorable				Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Reynolds		0011.00		
		Treynolds				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	6140 Hwy. 6 South, Ste. 23	33				
ADDRESS					Receipt #	Amount
Change of Address	Miccouri City TX 774E0 20	00				
	Missouri City, TX 77459-38	02			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Ronald E.				
NAME						
		LAST		SUFFIX		
		Reynolds				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	6140 Highway 6 South #23	3				
(Residence or Business)	Missouri City, TX 77459					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER	EXTENSION			
TREASURER	(832) 721-2667					
PHONE	(002) 121 2001					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	1 15th day after ca	mpaign treasurer
					appointment (offi	
	July 15 X	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	Tŀ	HROUGH	10/26/2024	1	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		initial y			
	11/03/2024	XG	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ct 27		State Representa		
		GO 1	TO PAGE 2			
Eorms provided by Te	exas Ethics Commission	\ <u>\\\\\\</u>	hics.state.tx.us	3	Verci	ion V4.1.0.48da51f7
				-		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 31

13 C / OH NAME	Reynolds, Ronald E.	(The Honorable)	14 Filer ID (00062098	Ethics Commission Filers			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditude These expenditures may have been made without to d officeholders are required to report this information	he candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
	_	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	S				
	1. TOTAL UNITEM						
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.0					
		EAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,896.0			
EXPENDITURE TOTALS		\$ 0.0					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,671.0			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 25,421.0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 42,500.0			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		The Honora	ble Ronald E. Reyno	olds			
		Signature of	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da5			

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 31 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. \$ 34,896.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 18,671.05 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 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	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/31	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	- Ronald E. (The Honorable)		1	00062098	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10/12/2024					\$15.00
	6 Contributor address; City; State; Zip Code		·		
	Spring, TX				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Founder		Global Shop Solutions			
Date	Full name of contributor Out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
09/28/2024		/		Allount of Contingation (+)	\$100.00
0312012024					Φ100.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77036				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Τ	Amount of Contribution (\$)	
09/28/2024	Bailey, LaJuan				\$500.00
	Contributor address; City; State; Zip Code		·		
	Missouri City, TX 77459				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>د</u>		
Construction		DML Real Estate Invest			
Construction					
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
10/12/2024	Bailey, LaJuan				\$300.00
	Contributor address; City; State; Zip Code				
	Missouri City, TX 77459				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Construction	ก	Hurricane Housing Help	С		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	T	Amount of Contribution (\$)	
10/04/2024		/			\$100.00
10/04/2024	-				Φ100.00
	Contributor address; City; State; Zip Code				
	Missouri City, TX 77459				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Respiratory	therapist	HCA			
-			s)		

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/31	
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 (\$)	
	10/12/2024	2/2024 Benton, Levi				\$100.00
		6 Contributor address; City; State; Zip Code		"		
		Houston, TX 77002				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Lawyer		Levi Benton & Associate	es F	PLLC	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Bobrick, William				\$10.00
		Contributor address; City; State; Zip Code		'		
		Sugar Land, TX 77478				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Organizer		AFT of Texas			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Τ	Amount of Contribution (\$)	
	10/04/2024	Brewer, Marcus				\$50.00
		Contributor address; City; State; Zip Code				
		Fresno, TX 77545				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Fundraiser		Self Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/04/2024	Brewer, Teresa				\$40.00
		Contributor address; City; State; Zip Code				
		Humble, TX 77338	1			
		pation / Job title (See Instructions)	Employer (See Instructions			
	Broker/Agen	t	TB&A Insurance Solutio	ons		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	10/09/2024	Brooks, Elaine				\$15.00
		Contributor address; City; State; Zip Code		1		
		Richmond, TX 77469	1			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/31	
2	FILER NAME			2	Filer ID (Ethics Commission	n Eilers)
		onald E. (The Honorable)		ľ	00062098	11 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/04/2024	Brown, Conrell				\$500.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77007				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Attorney		The Brown Law Group			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Brown, Evelyn	······································			\$32.00
						+01.00
		Contributor address, City, State, Zip Code				
		Stafford, TX 77477				
L	<u> </u>			Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	:d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/07/2024	Clack, Marva				\$100.00
		Contributor address; City; State; Zip Code		1		
		Round Rock, TX 78681				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		, , , , , , , , , , , , , , , , , , ,		,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		<u> </u>	Amount of Contribution (\$)	
	10/12/2024)		Amount of Contribution (\$)	¢250.00
	10/12/2024	Clack, Renee				\$250.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Clouser, Lynn				\$50.00
		Contributor address; City; State; Zip Code				
		Missouri City, TX 77459				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Marketing		TXVWI	"		
	marketing					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/31	
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 (\$)	
	10/17/2024	Criner, Walter				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77083				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	President &	CEO	Walter H. Criner			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/04/2024	Daniels, Roosevelt				\$1,000.00
				ł		· ·
		Houston, TX 77004				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Consultant		Self Employed	-,		
⊢				Т	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
	10/04/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Pearland, TX 77581				
┝	Dringing occu	1	Employer (See Instructions	<u> </u>		
	Principal occu Principal	ipation / Job title (See Instructions)	Employer (See Instructions Kay Davis Associates	5)		
		·		-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Davis, Pernell]		\$100.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77027				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Consultant		Whelan Solutions			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	10/12/2024	Davis, Tyree				\$32.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77581				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Basketball		NBA			
⊢		I				

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	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Reynolds, R	onald E. (The Honorable)				00062098	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	10/04/2024	Dean, Aaron					\$100.00
		6 Contributor address; City; State; Zip Code					
		Missouri City, TX					
8		pation / Job title (See Instructions)	ę	Employer (See Instructions	5)		
	General Contractor Aaron Dean						
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/22/2024	Duncan, Cheryl					\$150.00
		Contributor address; City; State; Zip Code					
		Pearland, TX 77584					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Registered N	lurse		Houston Methodist Hos	oita	l	
⊨	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Edmonds, Emmanuelle					\$5,000.00
		Contributor address; City; State; Zip Code					
		Indianapolis, IN					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Self Employe	ed		Self Employed			
F	Date	Full name of contributor 🔲 out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	09/28/2024	Eric Fagan for Fort Bend County Sheriff					\$250.00
		Contributor address; City; State; Zip Code					
		Sugar Land , TX 77487					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Gray, Herb					\$500.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77045					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Owner CEO			Life Enhancement Servi	ces	6	
⊢							

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/31
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 (\$)
09/28/2024 Heart H Stone Homes, LP	\$5,000.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77004	
8 Principal occupation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date Full name of contributor in out-of-state PAC (ID#:) Amount of Contribution (\$)
10/04/2024 Jones, Errol	\$15.00
Contributor address; City; State; Zip Code	
Espanola, NM 87532	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)
Teacher LAPS	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/12/2024 Kennon, Robert	\$250.00
Contributor address; City; State; Zip Code	
Houston, TX 77070	
Principal occupation / Job title (See Instructions) Employer (See Instructions) We value investor	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/17/2024 Keys, Patricia	\$25.00
Contributor address; City; State; Zip Code	
Missouri City, TX 77489	
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)
Real Estate Broker / Appraiser Self Employed	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
10/04/2024 Lange, Michael) Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code	
Cultinutur aurress, City, State, Zip Code	
Houston, TX 77096	
Principal occupation / Job title (See Instructions) Employer (See In	I nstructions)
Director Ariel Equities	····· ,

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/31	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		onald E. (The Honorable)		ľ	00062098	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/12/2024	Lange, Michael				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77096				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Director		Ariel Equities			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Lange, Michael				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77096				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director		Ariel Equities			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	·)	Γ	Amount of Contribution (\$)	
	10/04/2024	Lange, Michael			• •	\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77096				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director		Ariel Equities			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Ledet, Benita				\$100.00
		Contributor address; City; State; Zip Code		1		
		TX 77396				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Owner		The Ledet Heart Ltd			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/04/2024	Love, Jerome				\$250.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77584				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
\vdash						

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	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Reynolds, R	onald E. (The Honorable)				00062098	,
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	10/09/2024	Maguire-Powell, Alison					\$10.00
		6 Contributor address; City; State; Zip Code					
		Denton, TX 76210	r				
8		pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Not Employe			Not Employed			
	Date	Full name of contributor X out-of-state				Amount of Contribution (\$)	
	10/18/2024	Marathon Petroleum Corporation Empl	loyee PAC	C (MPAC)			\$1,000.00
		Contributor address; City; State; Zip Code					
		Findlay , OH 45840					
_	Principal occu	pation / Job title (See Instructions)	r	Employer (See Instructions			
	Philipal Occu)		
╞	Data					Amount of Contribution (f)	
	Date 10/04/2024	Full name of contributor out-of-state	9 PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	10/04/2024	Martin, LaTrice					\$250.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77004					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Legal			Hamilton Legal			
	Date	Full name of contributor Out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Martin, LaTrice					\$1,000.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77004					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Legal			Hamilton Legal			
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Martin, LaTrice					\$100.00
	Contributor address; City; State; Zip Code						
		Houston, TX 77004	r				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Legal			Hamilton Legal			

	The Instru	ction Guide explains how to complete tl	nis foi	rm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/31	
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 (\$)	
	10/12/2024	McDaniel, Michelle					\$250.00
		6 Contributor address; City; State; Zip Code					
		Rosharon, TX 77583					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	CPA			Elite Image			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	09/28/2024	McDonalds					\$250.00
		Contributor address; City; State; Zip Code					
		Stafford, TX 77477					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/16/2024	Musemech, Mark					\$5,000.00
		Contributor address; City; State; Zip Code					
		Bellaire, TX 77401					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Architect/De	veloper		Self			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	10/04/2024	National Association of Social Workers Te					\$200.00
		Contributor address; City; State; Zip Code					
		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 (\$)	
	10/04/2024	Ouderkirk, Joanna					\$500.00
		Contributor address; City; State; Zip Code					
⊢	<u> </u>	Missouri City, TX 77459			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Real Estate	Ayeni		Self Employed			

	The Instru	ction Guide explains how to complet	te this f	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/31	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Reynolds, R	onald E. (The Honorable)				00062098	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/12/2024	Ouderkirk, Ryan					\$1,000.00
	I	6 Contributor address; City; State; Zip Code			1		
	I						
		Missouri City, TX 77459					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Engineer			Fluor			
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	10/04/2024	Pouncy, Leah					\$100.00
	l	Contributor address; City; State; Zip Code					
	I						
	l	Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO/EXE DI					ND ADOPTION AGENCY	,
_	Date		DAC (ID#:		T	Amount of Contribution (\$)	
	10/12/2024	Full name of contributor out-of-state Pouncy, Leah	PAC (ID#	/			\$200.00
	10/1 <i>2/202</i> -1	Contributor address; City; State; Zip Code			•		Ψ200.00
	l						
	l						
	l	Missouri City, TX 77459					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CEO/EXE D	IR		1ARCHANGEL FOSTE	R /	ND ADOPTION AGENCY	,
	Date	Full name of contributor out-of-state	PAC (ID#:_)	Ī	Amount of Contribution (\$)	
	10/12/2024	Pouncy, Leah					\$100.00
		Contributor address; City; State; Zip Code			1		
	l						
	l						
	Dringing oog	Missouri City, TX 77459	,	Employer (Soo Instructions	-)		
	CEO/EXE DI	ipation / Job title (See Instructions)		Employer (See Instructions		ND ADOPTION AGENCY	,
	Date 10/04/2024	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	10/04/2024	Prestage, Grady					\$1,000.00
		Contributor address; City; State; Zip Code					
	l						
	l	Missouri City, TX 77459-0835					
-	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	County Com			Fort Bend County			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/31	
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 (\$)	
	10/12/2024	Rice, James				\$500.00
		6 Contributor address; City; State; Zip Code				
		Rosenberg, TX 77471				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
	President		Rice & Gardner Consult	tant	ts, Inc.	
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Savage, Maurice				\$50.00
		Contributor address; City; State; Zip Code		1		
		Cypress, TX 77433				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/04/2024	Shepard, Eulundia				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77019				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Smith, Brian				\$200.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77459				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Construction	Manager	BSCI			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/12/2024	Smith Edmonds, Mya			\$5,000.00	
		Contributor address; City; State; Zip Code				
L		Indianapolis, TX 46259				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1	Entrepreneu	r	Mya Smith Mgmt, Inc			
1						

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Th	ne Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 12/13 Rpt: 15/31	
2 FIL	LER NAME			3	Filer ID (Ethics Commissio	on Filers)
Re	eynolds, Ro	onald E. (The Honorable)		00062098	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4 Da	ate	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
10	0/04/2024	Sreerama, Karun				\$1,000.00
	1	6 Contributor address; City; State; Zip Code		1		
	1					
	1					
		Houston , TX 77059				
			9 Employer (See Instructions)	s)		
No	ot Employe	.d	Not Employed			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10	0/04/2024	Stamps, Charles				\$50.00
	1	Contributor address; City; State; Zip Code	·			
	l					1
	1					
	1	Houston, TX 77044				
Pri	incinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ار ا		
	ot Employe		Not Employed	5)		
				. 		
Da		Full name of contributor out-of-state PAC (ID#:)]	Amount of Contribution (\$)	
10)/12/2024	Stamps, Charles				\$100.00
l	ļ	Contributor address; City; State; Zip Code		"		
	l	1				
	ļ	1				
1	l	Houston, TX 77044				
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	ot Employe		Not Employed			
Da		Full name of contributor out-of-state PAC (ID#:		—	Amount of Contribution (\$)	
)/28/2024	Swindell, Charles	/			\$250.00
	12012024					φ200.00
	1	Contributor address; City; State; Zip Code				
1	l					
	l					
		Richmond , TX 77406]			
		pation / Job title (See Instructions)	Employer (See Instructions)	s)		
N//	A		N/A			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
10)/04/2024	Sylvester Turner Campaign				\$1,000.00
	1	Contributor address; City; State; Zip Code				
	1					
	1					
	l	Houston, TX 77008				
Pri	incinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	رما ا		
EII	Ποιμαι σουση			5)		
			I			
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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/31
-	FILER NAME			
Z		onald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	09/28/2024	Taylor, Frederick		\$100.00
		-		
		6 Contributor address; City; State; Zip Code		
		Missouri City, TX		
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 (\$)
	10/04/2024	Uttley, Meredith		\$5.00
		-		
		Contributor address; City; State; Zip Code		
		Greenville, SC 29615		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Not Employe	· · · ·	Not Employed	
⊢				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/04/2024	Williams, Tambra		\$32.00
		Contributor address; City; State; Zip Code		
		Missouri City, TX 77459		
	Driveirelese		Enveloper (Or a la standious	N
	•	pation / Job title (See Instructions)	Employer (See Instructions)
	Crude Trade	ſ	Citgo Petroleum	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/04/2024	Wren , Charmeshia		\$15.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77379		
		pation / Job title (See Instructions)	Employer (See Instructions)
	Hospital Adr	nin	Nexus	
1				
1				
1				
1				

	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 explains h	Office Over Polling Exp Printing Ex Salaries/W	oense 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	· · ·	-	•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 1/15 Rpt: 17/31		Reynolds, Ronald E. (The Honorable)				00062098	
4	Date 10/26/2024		Payee name Act Blue					
6	Amount (\$) \$835.38		Payee address; City; State; PO Box 441146 Somerville, MA 02144	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice souç	ht		Office held	
	Date		Payee name					
	10/12/2024		Arkansas State NAACP Conference					
	Amount (\$) \$2,500.00		Payee address; City; State; 2020 West 3rd Street Suite 219 Little Rock, AR 72202	Zip Coo	le			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi				ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice souç	ht		Office held	
	Date		Payee name					
	10/11/2024		Churrascos					
	Amount (\$) \$64.21		Payee address; City; State; 1520 Lake Pointe Pkwy #500	Zip Coo	le			
			Sugar Land, TX 77478					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ign volunteers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	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					3	Filer ID (Ethics Commission Filers)
1	Sch: 2/15 Rpt: 18/31		Reynolds, Ronald E. (The Hond	orable)				00062098
4	Date	5	Payee name					
	10/12/2024		Circle K					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de		
	\$75.63		2975 Texas Pkwy					
			Missouri City , TX 77459					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Travel In District					side of Texas. Complete Schedule T.
						Travel for I		X, officeholder living expense
						Traveriori	neet	ings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	jht		Office held
	Date		Payee name					
	10/16/2024		Constant Contact					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de		
	\$261.17		1601 Trapelo Road					
			Waltham, MA 02451					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	of this sch	nedule)		stin, TX	side of Texas. Complete Schedule T. X, officeholder living expense il Service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht		Office held
	Date		Payee name					
	10/07/2024		DoorDash					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de		
	\$4.99		303 2nd Street					
			San Francisco, TX 94107					
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					side of Texas. Complete Schedule T.
								X, officeholder living expense
							аттра	aign volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office soug	yht		Office held

			EXPENDITURE	CATEGOR	RIES FOR	вох	(8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Office Over Polling Exp Printing Ex Salaries/W	rhead/F ense pense ages/C	Reimbursement Rental Expense ontract Labor		Travel in District Travel Out of Dis	quipment & Related I	
			The Instruction Guid	e explains	how to con	nplete					
1	Total pages Schedule F1:								Filer ID	(Ethics Commiss	sion Filers)
	Sch: 3/15 Rpt: 19/31		Reynolds, Ronald E. (The Ho	norable)					00062098		
4	Date	5	Payee name								
	10/14/2024		DoorDash								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$33.52		303 2nd Street								
			San Francisco, TX 94107								
_						<u> </u>					
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) [Description	utoio	le of Toyloo Com	alata Cabadula T	
	EXPENDITURE		Food/Beverage Expense			F			le of Texas. Comp officeholder living		
						F	-ood for cam				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ght			Office he	eld	
	Date		Payee name								
	10/21/2024		El Vaquero Resturant								
			-	Stata	Zip Co	40					
	Amount (\$)		Payee address; City; 2140 FM 1092 Rd	Sidle,	, zip cou	Je					
	\$71.65		2140 FM 1092 Ru								
			Missouri City, TX 77459								
	PURPOSE OF	(a)	Category (See Categories listed at the Food/Beverage Expense	top of this sch	edule)	(b) ⊡ Г	Description Check if travel o	outsic	le of Texas. Comp	plete Schedule T.	
	EXPENDITURE					Ē	Check if Austin,	TX,	officeholder living	expense	
						F	ood for cam	pai	gn volunteei	rs	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	09/27/2024		Elegant Valet								
			_	Stata	· Zin Cor	40					
	Amount (\$) \$577.50		Payee address; City;	State,	; Zip Coo	Je					
	ψ577.50										
			ТХ								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) 🛛	Description				
	OF EXPENDITURE		Event Expense			Ľ			le of Texas. Comp		
						Ľ			officeholder living		
						F	Parking for fu	nuf	aising eveni	ι	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office he	ld	
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expen: Gift/Awards/Memorials Legal Services The Instruction Gi	Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:					p	2	Filer ID	(Ethics Commission Filers)
1	Sch: 4/15 Rpt: 20/31		, Ronald E. (The H	Honorable)				00062098	
4	Date 09/30/2024	Payee nar Eric Faga	ne an Campaign						
6	Amount (\$) \$100.00	Payee add P. O. Box Sugar La	-	State;	; Zip Cod	e			
8	PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at t ions/Donations Ma e/Officeholder/Pol	ade By				le of Texas. Com officeholder living	plete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/(Officeholder name	C	Office soug	nt		Office he	eld
	Date	Payee nar	ne						
	09/27/2024	Ever Rea	dy Lodge No. 506						
	Amount (\$)	Payee add	lress; City;	State:	Zip Cod	e			
	\$1,500.00	429 Wes		,					
	PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at t ions/Donations Ma e/Officeholder/Pol	ade By				le of Texas. Com officeholder living	plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	C	Office soug	nt		Office he	eld
	Date	Payee nar	ne					-	
	10/21/2024	Fresh Sp	irit Wellness, Inc.						
	Amount (\$) \$250.00	10th Floo	stheimer Rd.	State;	; Zip Cod	e			
	PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at t ions/Donations Ma e/Officeholder/Pol	ade By				le of Texas. Com officeholder living	plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/0	Officeholder name	0	Office soug	nt		Office he	eld

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Office Ove 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)
Ļ	The second states of the secon	<u> </u>	The Instruction Guide explains I	NOW TO COI	nplète this iorni.	-	T'' ID (Ethics Occumination Filero)
1	Total pages Schedule F1: Sch: 5/15 Rpt: 21/31		FILER NAME Reynolds, Ronald E. (The Honorable)			3	Filer ID(Ethics Commission Filers)00062098
4	Date	5	Payee name				
	09/30/2024		Google				
6	Amount (\$) \$75.76		Payee address; City; State; 1600 Amphitheatre Parkway Mountain View, CA 94043	Zip Co	le		
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense		Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held
	Date		Payee name				
	10/05/2024		Google				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$124.48		1600 Amphitheatre Parkway Mountain View, CA 94043				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Advertising Expense	edule)		, TX,	de of Texas. Complete Schedule T. . officeholder living expense rtising
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	jht		Office held
	Date		Payee name				
	10/24/2024		Hilton Hotel				
	Amount (\$) \$307.27		Payee address; City; State;	Zip Co	le		
			Washington, TX				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		, тх,	de of Texas. Complete Schedule T. . officeholder living expense trict
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	Jht		Office held

			EXPENDITURE CATEO	GORIES FO	R BC	OX 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 expla	Office Ov Polling E: Printing E Salaries/	verhea xpense Expense Wages	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: 6/15 Rpt: 22/31		Reynolds, Ronald E. (The Honorabl	e)				00062098
4	Date	5	Payee name					
	10/09/2024		Honey Farms					
6	Amount (\$) \$60.79		Payee address; City; St Missouri City, TX	ate; Zip Co	ode			
_	DUDDOCE	<u> </u>	_		(1)			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Travel In District	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense NGS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	10/14/2024		Honey Farms					
	Amount (\$) \$69.56		Payee address; City; St	ate; Zip Co	ode			
		L	Missouri City, TX		1			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Travel In District	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense 1 gS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	10/16/2024		Honey Farms					
	Amount (\$) \$56.44		Payee address; City; St	ate; Zip Co	ode			
			Missouri City, TX		-			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Travel In District	schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense NGS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	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	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	kpense /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: 7/15 Rpt: 23/31		Reynolds, Ronald E. (The Honorable)				00062098	
4	Date	5	Payee name					
	10/06/2024		Hoodies 4 Healing					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$500.00							
			Houston, TX					
8	PURPOSE		Category (See Categories listed at the top of this sche	atula)	(b) Description			
Ū	OF		Contributions/Donations Made By	aule)		el outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Commit	ttee	Check if Aust	in, TX	, officeholder living expense	
					Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	ght		Office held	
	Date		Payee name					
	10/18/2024		Houston Chronicle					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$27.72		4747 Southwest Fwy					
	<i>\\\\\\\\\\\\\</i>							
			Houston, TX 77027					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Fees	dule)		in, TX	ide of Texas. Complete Schedule T. , officeholder living expense 2 S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice sou	ght		Office held	
	Date		Payee name					
	10/26/2024		Independence fuel					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$80.16		,					
			Missouri City, TX					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description			
	OF EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Travel for m	eeti	ngs	
	_							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Of	ffice sou	ght		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: 8/15 Rpt: 24/31	Reynolds, Ronald E. (The Honorable)	00062098					
4	Date 10/17/2024	Payee name Innovation Solutions IT						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,250.00	тх						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Inty Election Fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/04/2024	Life Management Centers						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,700.00	2440 Texas Pkwy						
		Ste 335						
		Missouri City, TX 77489						
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee Donation	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						
	10/19/2024	Marriott						
	Amount (\$) \$36.61	Payee address; City; State; Zip Code						
		Sugar Land, TX						
	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					

	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	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimb rhead/Rental l ense pense ages/Contrac	ursement Expense t 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: 9/15 Rpt: 25/31		Reynolds, Ronald E. (The Honorable)					00062098
4	Date	5	Payee name					
	09/30/2024		Monica Riley Consultant					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$1,061.63							
			ТХ					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descr	•		
	OF EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T.
						oaign co		officeholder living expense
					Camp	Jaiyii Cu	nst	aitii ig
_			andidate (Office helder norma					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name (Office sou	jni.			Office held
	Date		Payee name					
	10/18/2024		National Black Caucus of State Legisla	ators Cor	ference			
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$25.00		444 North Capitol Street, NW, Suite 6	22				
			Washington, DC 20001					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descr			
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	nittoo				de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Officenoider/Political Comm	nitee	Dona		17,	
					Dona			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	nht			Office held
	expenditure to benefit C/OI				j			
-	Date		Payee name					
	10/19/2024		National Black Caucus of State Legisla	ators Cor	ference			
	Amount (\$)	-		; Zip Co				
	\$750.00		444 North Capitol Street, NW, Suite 6		Je			
	\$750.00		444 North Capitol Street, NW, Suite 0	22				
			Washington, DC 20001					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Descr	iption		
			Contributions/Donations Made By	·	Che	eck if travel c	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Comm	nittee			ΤX,	officeholder living expense
					Dona	ition		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/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	· · ·		•••••	3	Filer ID (Ethics Commission Filers)
-	Sch: 10/15 Rpt: 26/31		Reynolds, Ronald E. (The Honorable)				00062098
4	Date	5	Payee name				
	10/02/2024		Next Wave Strategies				
6	Amount (\$) \$500.00		Payee address; City; State; 2339 Commerce St suite 213 Houston, TX 77002	Zip Coc	e		
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description		
	OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting				officeholder living expense		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					Office held		
	Date		Payee name				
	10/25/2024		Post Net				
	Amount (\$)		Payee address; City; State;	Zip Coo	е		
	\$209.04		6140 Highway 6 South Missouri City, TX 77459				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	10/15/2024		Rick Garcia Campaign				
	Amount (\$)		Payee address; City; State;	Zip Coo	e		
	\$500.00		9711 Mason Rd Ste 125-287				
			Richmond, TX				
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	b) Description	0	ide of Toylog, Complete Schodule T
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name O	ffice 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		-	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 F	ILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 11/15 Rpt: 27/31		Reynolds, Ronald E. (The Honorable)				00062098		
4	Date 10/09/2024		Payee name SAFE Diversity Communities						
6	Amount (\$) \$500.00	5	Payee address; City; State; 505 N Sam Houston Pkwy E Suite #448 Houston, TX 77090	Zip Co	le				
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 Image: Contribution of the schedule of the									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		
	Date	F	Payee name						
	10/19/2024	S	Salata						
	Amount (\$) \$43.01	F	Payee address; City; State;	Zip Co	le				
		ŀ	Houston, TX						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ign volunteers		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ht		Office held		
	Date	F	Payee name						
	09/28/2024	5	Shell Oil						
	Amount (\$) \$69.59		Payee address; City; State; .3747 Southwest Fwy	Zip Coo	le				
		S	Sugar Land, TX 77478						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche ravel In District	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense NGS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held		

			EXPENDITURE C	ATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Exper Transportation Equipment & F Travel in District Travel Out of District OTHER (enter a category not	Related Expense	
1	Total pages Schedule F1:	2 1	-ILER NAME				3	Filer ID (Ethics Co	ommission Filers)
	Sch: 12/15 Rpt: 28/31		Reynolds, Ronald E. (The Hone	orable)			-	00062098	
4	Date 10/22/2024		Payee name Shell Oil						
6	Amount (\$) \$19.05	1	Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	State;	; Zip Cod	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel In District	OTY (See Categories listed at the top of this schedule) (b) Description In District 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		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date	F	Payee name						
	10/21/2024	:	South Post Oak Church						
	Amount (\$)	F	Payee address; City;	State;	Zip Cod	le			
	\$650.00		15077 S Post Oak Rd Houston, TX 77053						
	PURPOSE OF EXPENDITURE	(Category (See Categories listed at the top Contributions/Donations Made Candidate/Officeholder/Politica	Ву	,			de of Texas. Complete Schedu officeholder living expense	le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	
	Date	ŀ	Payee name						
	10/05/2024		Southwest Airlines						
	Amount (\$)	F	Payee address; City;	State;	Zip Cod	le			
	\$439.97		2702 Love Field Dr Dallas						
			Dallas, TX 75235						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sche	edule) (, TX,	de of Texas. Complete Schedu officeholder living expense trict	le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/15 Rpt: 29/31	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098
4	Date 10/05/2024	5 Payee name Star Stop
6	Amount (\$) \$70.23	7 Payee address; City; State; Zip Code
_	DUDDOOF	
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel for meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2024	Star Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.60	
		ТХ
	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
	10/14/2024	T-Mobile
	Amount (\$) \$287.14	Payee address; City; State; Zip Code 6947 Gall Blvd
		Zephyrhills, FL 33542
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone service
	Complete ONLY if direct 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	Fees Office Over Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp		rhead bense pens ages	ment/Reimbursement ead/Rental Expense 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: 14/15 Rpt: 30/31		Reynolds, Ronald E. (The Honorable)					00062098
4	Date	5	Payee name					
	10/10/2024		Texas House Democratic Campaign Co	ommittee	Э			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$1,000.00		P.O. BOX 300095					
			Austin, TX 78703					
8	PURPOSE	(2)		<u> </u>	(h)	Description		
ľ	OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(0)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee				officeholder living expense
						Donation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	Office sou	ght			Office held
	Date		Payee name					
	10/23/2024		The Rouxpour					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
\$64.96 2298 Texas Dr								
			Sugar Land, TX 77479					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						Food for cam	ipai	ign volunteers
Complete <u>ONLY</u> if direct Ca expenditure to benefit C/OH			Candidate/Officeholder name O	Office sou	ght			Office held
		_						
	Date		Payee name					
	10/15/2024		Torres, Jesse					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$1,347.99							
ТХ								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						Campaign wo	ork	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght			Office held
	superioratione to benefit 0/01							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/15 Rpt: 31/31	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098
4	Date 10/22/2024	5 Payee name Wise World Group LLC
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code
		Houston, TX
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation for event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held