CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00062098	2 Total pages filed: 36
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Ronald E.		Date Received
'"""			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	01/15/2025
	Reynolds		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	ITY; ZIP COD	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	6140 Hwy. 6 South, Ste. 233		
ADDRESS			Receipt # Amount
Change of Address	Missouri City, TX 77459-3802		
	Wilsouti City, 17 11459-3002		Date Processed
			Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	
NAME	Ronald E.		
	NICKNAME LAST	SUFFIX	
	Reynolds		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; C	ITY; STATE; ZIP CODE
TREASURER	6140 Highway 6 South #233		
ADDRESS			
(Residence or Business)	Missouri City, TX 77459		
	Wissouti City, 1×11459		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(832) 721-2667		
PHONE			
8 REPORT			
TYPE	X January 15 30th day before	ore election Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	July 15 Sth day befor	e election Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year		Oay Year
COVERED	10/27/2024	THROUGH 12/31/	/2024
10 ELECTION	ELECTION DATE	ELECTION TYP	
	Month Day Year	Primary Runoff	Other
		General Special	
		_	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOU	GHT (if known)
	State Representative District 27		sentative District 27
	Clate Representative Biothet 2.	State Hoprot	Seriaavo Biodiot Er
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

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 expenditual expenditual expenditures may have been made without distributed officeholders are required to report this information	the 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	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 29,390.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 24,459.03
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 34,574.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 40,910.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	able Ronald E. Reyno	olds
			Candidate or Officeholo	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me. by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	,	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

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

				3 of 36
18 FILER NA Reynolds	ME , Ronald E. (The Honorable)	19 Filer ID 00062098	(Ethics	Commission Filers)
	E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,390.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	915.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	21,959.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,500.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	307.27
			•	

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this for	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/36	
2	FILER NAME Reynolds, R	onald E. (The Honorable)			3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 12/02/2024	5 Full name of contributorAssociated General Contract6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78768	1				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/29/2024	Full name of contributor Bobrick, William Contributor address; City; State)		Amount of Contribution (\$)	\$25.00
		Sugar Land, TX 77478					
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions AFT of Texas	5)		
	Date 10/29/2024	Full name of contributor Bobrick, William Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Sugar Land, TX 77478					
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions AFT of Texas	5)		
	Date 12/05/2024	Full name of contributor Bobrick, William Contributor address; City; State Sugar Land, TX 77478	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Organizer	pation / Job title (See Instructions)		Employer (See Instructions AFT of Texas	<u>(</u>		
	Date 10/29/2024	Full name of contributor Brown, Conrell Contributor address; City; State Houston, TX 77007	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions The Brown Law Group	5)		
	•						

	MONET	ARY POLITICAL CONTRIBU	JTIOI	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/36	
2	FILER NAME Reynolds, Ro	onald E. (The Honorable)			3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 11/02/2024	 Full name of contributor	C (ID#: <u>CC</u>	00002089)	7	Amount of Contribution (\$)	\$5,000.00
		Washington, DC 20001					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 10/29/2024	Full name of contributor out-of-state PAG Collins, Nikki Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Missouri City, TX 77489 pation / Job title (See Instructions)		Employer (See Instructions			
	Real Estate			Self-Employed	')		
	Date 12/09/2024	Full name of contributor X out-of-state PAG Comcast Corporation & NBC Universal PAG Contributor address; City; State; Zip Code		00248716)		Amount of Contribution (\$)	\$500.00
		Philadelphia, PA 19013					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/18/2024	Full name of contributor out-of-state PAGEDF Action Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/16/2024	Full name of contributor out-of-state PAGE Friends of the Texas Tech University System Contributor address; City; State; Zip Code Lubbock, TX 79409	tem PAC			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/36	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commission 00062098	n Filers)
4	Date 12/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78763				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Holland and Knight Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Associated General Contractors PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Independent Bankers of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Errol Contributor address; City; State; Zip Code Espanola, NM 87532			Amount of Contribution (\$)	\$15.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/36	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Reynolds, R	onald E. (The Honorable)				00062098	
4	Date 11/16/2024	5 Full name of contributorKennon, Robert6 Contributor address; City; Standard	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Houston, TX 77070					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Investor			We value investments			
	Date 12/11/2024	Full name of contributor Kennon, Robert Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77070					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
	Investor			We value investments	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/16/2024	Linebarger Goggan Blair &				`,	\$500.00
		Contributor address; City; Sta Austin, TX 78760	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
		,		, ., . (,		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	11/16/2024	Maguire-Powell, Alison Contributor address; City; Sta				`,	\$10.00
		Denton, TX 76210					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2024	Maguire-Powell, Alison					\$10.00
		Contributor address; City; Sta Denton, TX 76210	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/36	
2	FILER NAME Reynolds, R	onald E. (The Honorable)			3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 11/01/2024	5 Full name of contributor McGuireWoods PAC6 Contributor address; City; S	x out-of-state PAC (ID#: C		7	Amount of Contribution (\$)	\$250.00
		Richmond, VA 23219					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	s)		
	Date 12/16/2024	Full name of contributor ONCOR PAC Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75202	, I	5 1 (0 1 1 1	Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor Republic Services Inc Em Contributor address; City; S		ment PAC		Amount of Contribution (\$)	\$500.00
	<u> </u>	Phoenix, AZ	, 1		Ĺ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor Smith, Annie Contributor address; City; S Missouri City, TX 77459	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 12/04/2024	Full name of contributor TSA PAC Contributor address; City; S Austin , TX 78701	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/36	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 12/18/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$700.00
_		Austin, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76702				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas McDonalds Operations Association PAC Contributor address; City; State; Zip Code Athens, TX 75751			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/36	
2	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commission 00062098	on Filers)
4	Date 12/05/2024	 Full name of contributor out-of-state PAC (ID#:_Texas Sands PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5,000.00
•	Dringing occur	Austin, TX 78701	Employer (See Instructions)			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 Ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date 12/06/2024	Full name of contributor X out-of-state PAC (ID#:_ The Home Depot PAC Contributor address; City; State; Zip Code	C00284885)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washinton, DC 20004 upation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith Contributor address; City; State; Zip Code Greenville, SC 29615			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	Ipation / Job title (See Instructions)	Employer (See Instructions) Not Employed)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Uttley, Meredith Contributor address; City; State; Zip Code Greenville, SC 29615			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions) Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/36	
	FILER NAME Reynolds, R	onald E. (The Honorable)		3	Filer ID (Ethics Commissi 00062098	on Filers)
	Date 10/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wren , Charmeshia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Spring, TX 77379 upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Hospital Adr		Nexus	<i>5</i> ,		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wren , Charmeshia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Spring, TX 77379				
	Principal occu Hospital Adr	npation / Job title (See Instructions) min	Employer (See Instructions Nexus	s)		
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Remus Contributor address; City; State; Zip Code Missouri City, TX 77459)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Pastor	upation / Job title (See Instructions)	Employer (See Instructions Fountain of Praise	s)		

			SCHEDULE E
on Guide explains how to complete this f	form.	-	ges Schedule E: 1 Rpt: 12/36
ald E. (The Honorable)		3 Filer ID 000620	(Ethics Commission Filers)
NITEMIZED LOANS			\$
7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$915.00
8 Lender address; City; State;	Zip Code		10 Interest Rate
Missouri city, TX 77459			11 Maturity Date
ion / Job title (See Instructions)	13 Employer (See Instructions)	
epresentative	State of Texas		
llateral	15 Check if personal funds we	re deposited	I into political account (See Instructions)
17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State;	Zip Code		
ion	21 Employer (See Instructions)	
	Ald E. (The Honorable) NITEMIZED LOANS 7 Name of lender	NITEMIZED LOANS 7 Name of lender	Sch: 1/ ald E. (The Honorable) 7 Name of lender

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 13/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
L	12/23/2024	Briarchase Missionary Baptist Church
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	16000 Blueridge Rd
		Missouri City, TX 77489
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	10/30/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	10/31/2024	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 441146
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 2/21 Rpt: 14/36	Reynolds, Ronald E. (The Honorable) 00062098				
4	Date	5 Payee name				
	12/19/2024	Act Blue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,000.00	PO Box 441146				
		Somerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
Ŭ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
		Contribution				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Oi	7				
	Date	Payee name				
	12/31/2024	Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$85.78	PO Box 441146				
		Somerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		Merchant fees				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	10/29/2024	American Caribbean Chamber of Commerce				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,045.00	11110 Bellaire Blvd				
		Houston, TX 77072				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee				
		Donation				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 3/21 Rpt: 15/36	Reynolds, Ronald E. (The Honorable) 00062098				
4	Date	5 Payee name				
	12/12/2024	American Caribbean Chamber of Commerce				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,034.00	11110 Bellaire Blvd				
		Houston, TX 77072				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation				
		Bollation				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
F	Date	Payee name				
	11/26/2024	Aubrey R. Taylor Communication				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	6140 Highway 6 South #233				
		Missouri City, TX 77459				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign advertising				
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						
	Date	Payee name				
	12/11/2024	B's Wine Bar				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$300.00	8770 Hwy 6 #300				
		Missouri City, TX 77459				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Food for event				
		Pood for event				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
1	expenditure to benefit C/OI					
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission	Filers)
Sch: 4/21 Rpt: 16/36	Reynolds, Ronald E. (The Honorable)		00062098	
4 Date	5 Payee name			
12/04/2024	Birdies for Charity			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$250.00	502 Crawford st			
	Houston , TX 77002			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	Check if travel ou	utside of Texas. Complete Schedule T.	
LAFENDITORE	Candidate/Officeholder/Political Committee	_	TX, officeholder living expense	
		Donation		
O Complete ONLY if direct	Candidata/Officeholder name Office cou	vh+	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	JIIL	Office held	
Date	Payee name			
12/26/2024	Brader, Jennifer			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1,000.00				
	TX			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor	ш	utside of Texas. Complete Schedule T. TX, officeholder living expense	
		Campaign wor		
		, 3		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
11/25/2024	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$261.17	1601 Trapelo Road			
	·			
	Waltham, MA 02451			
PURPOSE		(h) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel out	utside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	<u> </u>	TX, officeholder living expense	
		Campaign em	ail service	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	л 			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/21 Rpt: 17/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	12/17/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.17	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/28/2024	Dub Way Foundation
	Amount (\$) \$500.00	Payee address; City; State; Zip Code Po Box 951
	Φ500.00	PO BOX 931
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 3.100.0
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Davido namo
	11/24/2024	Payee name Dub Way Foundation
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	Po Box 951
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 18/36	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	•
	12/06/2024	El Vaquero Resturant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$77.60	2140 FM 1092 Rd	
		Missouri City, TX 77459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check i	f Austin, TX, officeholder living expense
		Food for	campaign volunteers
_			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/23/2024	Gary, Rosalind	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00		
		TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Salaries/Wages/Contract Labor	f travel outside of Texas. Complete Schedule T.
	EXPENDITORE		f Austin, TX, officeholder living expense
		Campai	gn work
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/30/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.76	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Advertising Expense	f travel outside of Texas. Complete Schedule T.
	LAPENDITORE		f Austin, TX, officeholder living expense
		Campai	gn advertising
	0 1. 0		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The strategy of the strategy o	· 	
I			

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 19/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	12/11/2024	Grady Prestage Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	Po Box 835
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/13/2024	Handi Plus #369
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.41	
		Stafford, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payeo namo
	12/20/2024	Payee name Handi Plus #369
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.00	
		TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 20/36	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
	12/04/2024	Harland Clarke	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.44	15955 La Cantera Pkwy	
		San Antonio, TX 78256	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
		Check if Austir	ı, TX, officeholder living expense
		Check orders	•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
,	expenditure to benefit C/O		Office field
	Date	Davisa nama	
	11/23/2024	Payee name Honey Farms	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.45	Payee address, City, State, Zip Code	
	Ψ10.43		
		Missouri City, TX	
	DUDDOOF		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Travel In District	outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	i, TX, officeholder living expense
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/27/2024	Honey Farms	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.37		
		Houston, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	outside of Texas. Complete Schedule T.
		Check if Austin	ı, TX, officeholder living expense
		ruei	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cinice field

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 21/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	12/02/2024	Honey Farms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	
		Missouri City, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Power name
	12/23/2024	Payee name Honey Farms
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.60	
		Missouri City, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
_	Date	Davies same
	12/03/2024	Payee name Hoodies 4 Healing
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		Houston, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 on and on
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 22/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	12/23/2024	Houston Black American Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,500.00	
l		
		Houston, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Candidate/Officeholder/Political Committee
l		Sponsorship
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
┡	· 	
l	Date	Payee name
L	11/15/2024	Johnny Tamales Cantina
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$65.59	2720 FM 1092 RD
L		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for campaign volunteers
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/16/2024	Johnson, Darilyn
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$400.00	
l		
		TX
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Catering for event
dash	Operation ON IV III	Out light 10ff on helder warms Office and the Control of the Contr
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Citt/Awards/Memorials Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	d above)
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 11/21 Rpt: 23/36		Reynolds, R	onald E. (The	Honorable)					00062098		
4	Date	5	Payee name									
	11/02/2024		Kroger Fuel	Center								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$60.81		18901 Unive		·	•						
				-								
			Sugar Land	. TX 77479								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	اس	Travel In Dis	e Categories listed at	the top of this sched	dule)	(10)	_ `	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Travor III Bio	56.100				Check if Austin,	, TX,	officeholder livir	ng expense	
								Fuel				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	neld	
	experiulture to beliefit C/Oi	1										
	Date		Payee name									
	12/06/2024		Kroger Fuel	Center								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$62.60		18901 Unive	ersity Blvd								
			Sugar Land	, TX 77479								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				-			mplete Schedule T.	
	-							Fuel Check if Austin,	, TX,	officeholder livir	ng expense	
								i dei				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name	Of	fice sou	thr			Office h	neld	
	expenditure to benefit C/OI		Jan 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	5011010011101110	0.		9			· · · · · · · · · · · · · · · · · · ·	.0.0	
	Date	Π	Payee name									
	10/30/2024		Laz Parking									
	Amount (\$)		Payee addres		Stato	Zip Co	do					
	\$25.00		rayee address	ss, City,	Siale,	Zip Cui	ue					
	Ψ20.00											
			Houston, TX	,								
	DUDDOOF	(-)				- 1	<i>(</i> 1)					
	PURPOSE OF	(a)	Category (Se Travel In Dis	e Categories listed at	the top of this sched	dule)	(D)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Havel III Dis	SUICU				므		officeholder livir	•	
								Parking Parking				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	neld	
L	expenditure to benefit C/OI	H							_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 12/21 Rpt: 24/36	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	10/30/2024	Laz Parking	
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code	
		Houston, TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/03/2024	Levine, Burt	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 9600 Glenfield Court	
		Houston, TX 77096	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/16/2024	Levine, Burt	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 9600 Glenfield Court	
		Houston, TX 77096	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/21 Rpt: 25/36 Reynolds, Ronald E. (The Honorable) 00062098 4 Date Payee name 12/27/2024 Metro PCS 6 Amount (\$) Payee address; City; State; Zip Code \$21.64 Missouri City, TX 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/24/2024 Missouri City NAACP Branch Amount (\$) Payee address; City; State; Zip Code \$500.00 401 Texas Parkway Missouri City, TX 77489 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/24/2024 Missouri City NAACP Branch Amount (\$) Payee address: City: State; Zip Code \$500.00 401 Texas Parkway Missouri City, TX 77489 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 14/21 Rpt: 26/36	Reynolds, Ronald E. (The Honorable) 00062098			
4	Date	5 Payee name			
	12/07/2024	Murphy Express			
6	Amount (\$) \$59.32	7 Payee address; City; State; Zip Code Missouri City, TX			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/19/2024	Next Wave Strategies			
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213			
		Houston, TX 77002			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	11/14/2024	Paypal			
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 2211 N First St			
		San Jose, CA 95131			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fees			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 15/21 Rpt: 27/36	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098			
4	Date 12/06/2024	5 Payee name Paypal			
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fees			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 12/13/2024	Payee name Paypal			
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fees			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date 12/30/2024	Payee name Paypal			
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2211 N First St			
	San Jose, CA 95131				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant fees			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services	is Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 16/21 Rpt: 28/36		Reynolds, R	onald E. (The	Honorable	e)				00062098		
4	Date	5	Payee name					•	_			
	12/04/2024		Run Sister F	Run Pac								
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	ode					
	\$250.00		P.O. Box 66	470		•						
			Houston, TX	77266								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۵)		e Categories listed a s/Donations M		schedule)	(5)	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		nmittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Contribution				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name		Office sou	ıght			Office h	eld	
	experionality to benefit C/O											
	Date		Payee name									
	12/05/2024		Sharon Wes	ston Broome C	ampaign							
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	ode					
	\$250.00		5522 Govern	nment St								
			Baton Roug	e, LA 70802								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By			=			nplete Schedule T.	
EXI ENDITORE			Candidate/C	Officeholder/Po	olitical Con	nmittee		Check if Austin, Donation	, TX,	officeholder livin	g expense	
								Donation				
	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name		Office sou	ıaht			Office h		
	expenditure to benefit C/O		Januluale/Onic	cholder name		Office 300	igiit			Office fi	eiu	
_	Date	_										
	Date 10/30/2024		Payee name Shell Oil									
				6''	0:	. 7. 0						
	Amount (\$)		Payee addres		Sta	ate; Zip Co	oae					
	\$46.00		13747 South	iwest rwy								
				T) / TT 4T0								
			Sugar Land,	, 1X //4/8								
	PURPOSE OF	(a)		e Categories listed a	the top of this	schedule)	(b)	Description	outo:	do of Toyon Con	anlata Cahadula T	
	EXPENDITURE		Travel In Dis	strict						officeholder livin	nplete Schedule T. g expense	
								Fuel				
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ıght			Office h	eld	
	expenditure to benefit C/OH											
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 29/36	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	11/15/2024	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.33	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Davies name
	11/23/2024	Payee name Shell Oil
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.51	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Fuel
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/08/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.00	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Fuel
L	Operation ONE V. C.	Open State of Control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 18/21 Rpt: 30/36	Reynolds, Ronald E. (The Honorable) 00062098				
4	Date	5 Payee name				
	12/16/2024	Shell Oil				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$75.15	13747 Southwest Fwy				
		Sugar Land, TX 77478				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Fuel				
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/30/2024	Shell Oil				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$90.00	13747 Southwest Fwy				
		Sugar Land, TX 77478				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.				
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense				
		Fuel				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	D :					
	Date	Payee name				
	11/14/2024	Southwest Airlines				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$896.96 2702 Love Field Dr Dallas					
		Dallas, TX 75235				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Tavel out of district				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 19/21 Rpt: 31/36	Reynolds, Ronald E. (The Honorable) 00062098					
4	Date	5 Payee name					
	10/29/2024	Sylvester Turner Campaign					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	P.O. Box 56386					
		Houston, TX 77256					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	LAFLINDITORL	Candidate/Officeholder/Political Committee					
		Contribution					
_	Operation ONLY if dispose	Occasional Office health and a second to the					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
_	· 						
	Date	Payee name					
	12/18/2024	T-Mobile					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$282.59	6947 Gall Blvd					
		Zephyrhills, FL 33542					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Phone service						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	12/30/2024	T-Mobile					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$270.66	6947 Gall Blvd					
	72. 0.00 Com 2.10						
		Zephyrhills, FL 33542					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Phone service					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	S. portantare to borient 0/01	•					

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	<u> </u>		
	Sch: 20/21 Rpt: 32/36	Reynolds, Ronald E. (The Honorable) 00062098		
4	Date	5 Payee name		
	11/19/2024	Teferi Taxi		
6	Amount (\$) \$19.56	7 Payee address; City; State; Zip Code Washington , DC		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	11/27/2024	Texas House Democratic Campaign Committee		
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. BOX 300095 Austin, TX 78703		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 12/16/2024	Payee name The Roof		
	Amount (\$) \$40.60	Payee address; City; State; Zip Code 1531 Hwy 6 #300 Sugar Land, TX 77478		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for meeting		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/ Credit Card P	e/Officenoider/Political Payment	The Instruction Guide explains how to co	complete this form.			
1 Total pages	s Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	1 Rpt: 33/36	Reynolds, Ronald E. (The Honorable) 00062098				
4 Date		5 Payee name				
12/06/2024	<u>'</u> 4	Wal Mart Supercenter				
6 Amount (\$)	\$69.96	7 Payee address; City; State; Zip Co	ode			
8 PURPO OF EXPENDIT	TURE	(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 Office supplies			
9 Complete <u>O</u> expenditure	ONLY if direct e to benefit C/OF	Candidate/Officeholder name Office sou H	ought Office held			
Date		Payee name				
12/13/2024	<u>'</u> 4	Wiseman, Kijuana				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code TX					
PURPO OF EXPENDIT		(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 services			
	ONLY if direct e to benefit C/OF	Candidate/Officeholder name Office sou H	ought Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 34/36 Reynolds, Ronald E. (The Honorable) 00062098 Date Payee name 11/14/2024 Aubrey R. Taylor Communication 6 Amount (\$) Payee address; State; Zip Code City; \$2,500.00 6140 Highway 6 South #233 Reimbursement from political contributions intended Missouri City, TX 77459 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Campaign advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 35/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098 5 Name of person from whom amount is received 8 Amount (\$) 12/05/2024 \$307.27 Hilton Hotel 6 Address of person from whom amount is received; City; State; Zip Code Washington, TX 20001 Purpose for which amount is received Check if political contribution returned to filer Lodging

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 36/36 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reynolds, Ronald E. (The Honorable) 00062098 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Reynolds, Ron (Rep.) 8 Departure city or name of departure location 11/18/2024 Houston 9 Destination city or name of destination location 11/21/2024 Washington 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane **Democracy Alliance Conference**