JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commis 00081718		2 Total pages	filed: 34
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Lauren R.			Date Received	USE ONLY
					FI ECTRONI	CALLY FILED
					01/15/2025	
	NICKNAME	LAST		SUFFIX	01/15/2025	
		Reeder				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER	P.O. Box 667204					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77266				Date Processed	
					Date Imaged	
					-	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Michael				
NAME		Wiender				
	NICKNAME	LAST			SUFFIX	
		Clark				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	r / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	1625 W. Sam Houston	Pkwy N.				
ADDRE33						
(Residence or Business)	Houston, TX 77043					
	$\square 0005001, 1 \land 77043$					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER	(703) 597-9912					
PHONE						
8 REPORT						
TYPE	X January 15	30th day befor	e election	Runoff	15th day after o	campaign treasurer
					appointment (o	fficeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea		Primary	Runoff	Other	
	03/03/2026					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District 23	84 Harris				
	1			1		
		~~~				
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Ver	sion V4.1.0.5dd2ace2

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 34

I

13 C / OH NAME	Reeder, Lauren R. (1	he Honorable)	14 Filer ID 00081718	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		TICAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	NS)	\$ 0.00
TOTALS	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 27,710.06
				\$ 27,710.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	<b>\$</b> 117,237.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Hono	orable Lauren R. Ree	der
			of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	this the	dav
		ertify which, witness my hand and seal of office.	, uiis uic	uuy
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

### FORM JC/OH COVER SHEET PG 3

3 of 34

18 FILER NAME	<b>19</b> File	ler ID (Ethics Commission Filers	)
Reeder, Lauren R. (The Honorable)	00	0081718	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUN	Т
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	)	\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	IS	\$	
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRI	BUTIONS	\$ 27,71	.0.06
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONT	RIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/C	он \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONT	RIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETUR	RNED \$	

SUBTOTALS - JC/OH

			EXPENDITURE CATEGORIES	S FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Offi           Food/Beverage Expense         Pol           Gift/Awards/Memorials Expense         Print	fice Overh olling Expe inting Exp alaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/31 Rpt: 4/34		Reeder, Lauren R. (The Honorable)				00081718
4	Date 11/19/2024	5	Payee name 51Fifteen				
6	Amount (\$) \$60.42	7	Payee address; City; State; Zi 5175 Westheimer Houston, TX 77056	ip Cod	e		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Food/Beverage Expense	e) <b>(</b>		, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held
	Date		Payee name				
	11/19/2024		51Fifteen				
	Amount (\$) \$60.42		Payee address; City; State; Zi 5175 Westheimer	ip Cod	9		
			Houston, TX 77056				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Food/Beverage Expense	_{e)} (I		, тх,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held
	Date		Payee name				
	09/06/2024		Austin Marriott Downtown				
	Amount (\$) \$51.98		Payee address; City; State; Zi 304 E. Cesar Chavez St.	ip Cod	e		
			Austin, TX 78701				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule Event Expense	e) <b>(</b>		, тх,	de of Texas. Complete Schedule T. officeholder living expense e Bar CLE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held

			EXPENDITURE (	CATEGOF	RIES FOR	BOX 8(a	ι)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contra	l Expense ct Labor		Travel in District Travel Out of Dist	quipment & Related Ex	
_	Tatal warman Oak adula E4					ipiete tills			Files ID		
1	Total pages Schedule F1: Sch: 2/31 Rpt: 5/34	2	FILER NAME Reeder, Lauren R. (The Hono	rable)				3	Filer ID 00081718	(Ethics Commissio	on Filers)
4	Date	5	Payee name								
	07/05/2024	ľ	BB Butchers								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$233.16		1814 Washington Ave.								
			Houston, TX 77007								
_											
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Desc					
	EXPENDITURE		Food/Beverage Expense						de of Texas. Comp officeholder living		
							n lunch	, 17,	oncentrater inving	expense	
						inter	municit				
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ht			Office he	ld	
	Date		Payee name								
	10/07/2024		Bayou City Strategies								
-	Amount (\$)	-	Payee address; City;	State:	Zip Co	0					
	.,			State,							
	\$500.00		PO Box 667204								
			Houston, TX 77266								
	PURPOSE	(a)				(b) Desc	rintion				
	OF	[```	Category (See Categories listed at the to Consulting Expense	op of this sche	edule)	_	•	outsio	de of Texas. Comp	blete Schedule T.	
	EXPENDITURE								officeholder living		
						Com	pliance s	serv	vices		
	Complete ONLY if direct		Candidate/Officeholder name	C	Diffice soug	ht			Office he	ld	
	expenditure to benefit C/OI										
_	Data	_									
	Date		Payee name								
	12/23/2024		Bayou City Strategies								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$2,500.00		PO Box 667204								
			Houston, TX 77266								
	PURPOSE	(a)	Category (See Categories listed at the to	n of this set	edule)	(b) Desc	ription				
	OF	Ľ	Consulting Expense		cuuic)		•	outsio	de of Texas. Comp	blete Schedule T.	
	EXPENDITURE					Ct	neck if Austin,	, TX,	officeholder living	expense	
						Com	ipliance s	serv	vices		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ht			Office he	ld	
	expenditure to benefit C/OI										
-											

			EXPENDITURE C	ATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		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	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/31 Rpt: 6/34		Reeder, Lauren R. (The Honora	able)				00081718
4	Date 11/13/2024	5	Payee name Brasserie 19					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$275.38		1962 W. Gray St.					
			Houston, TX 77019					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	odulo)	(b) Description		
		ľ	Food/Beverage Expense		euule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						campaign me	eeti	ng
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	11/20/2024		Brennans of Houston					
	Amount (\$)		Payee address; City;	State;	Zip Co	le		
	\$300.00		3300 Smith St.					
			Houston, TX 77006					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	o of this sch	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense narty
						ouugoo nonu	ay .	party
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office souç	ht		Office held
	Date		Payee name					
	09/09/2024		Buc-ee's Luling					
	Amount (\$)		Payee address; City;	State;	Zip Co	le		
	\$34.61		10070 I-10					
			Luling, TX 78648					
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
								conference in San Antonio
								-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held

			EXPENDITURE CATEGOR	RIES FOR	вох	( 8(a)		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead/R ense pense ages/C	Reimbursement Rental Expense ontract Labor e <b>this form.</b>		Travel in District Travel Out of Dist	uipment & Related Expense								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)								
	Sch: 4/31 Rpt: 7/34		Reeder, Lauren R. (The Honorable)					00081718									
4	Date	5	Payee name														
	09/09/2024		Buc-ee's Luling														
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de												
	\$13.15		10070 I-10														
			Luling, TX 78648														
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	<b>(b)</b> □	escription											
	OF EXPENDITURE		Travel In District		Ē			de of Texas. Comp									
					Ļ	_		officeholder living	expense n San Antonio								
					Ц		arc	conterence in	I San Antonio								
0	Complete ONIL V if direct		Candidate/Officeholder name C	Office sour				Office he	I.A.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			JIICE SOU	Jur			Office he	lu								
	Date		Payee name														
	07/02/2024		Constant Contact														
	Amount (\$)		Payee address; City; State;	Zip Co	de												
	\$81.02		3675 Precision Dr.	·													
			Loveland, CO 80538														
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription											
	EXPENDITURE		Office Overhead/Rental Expense		Ļ			de of Texas. Comp officeholder living									
					L e	mail service:		onicentitider inving	expense								
					-		-										
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	ght			Office he	ld								
	expenditure to benefit C/OI	Н															
	Date		Payee name														
	08/02/2024		Constant Contact														
	Amount (\$)		Payee address; City; State;	Zip Co	de												
	\$81.02		3675 Precision Dr.	·													
			Loveland, CO 80538														
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription											
	OF EXPENDITURE		Office Overhead/Rental Expense		Ē	-		de of Texas. Comp									
					L			officeholder living	expense								
					е	mail services	5										
	Complete ONIL V if direct	Ľ	Condidate/Officeholder some	)ffice carry	h+			Office k	14								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JUL			Office he	iu								
	-																

			EXPENDITURE CA	TEGOF	RIES FOF	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 Expen Imittee Legal Services The Instruction Guide e		Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labo	nse or	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2		•		·		Filer ID	(Ethics Commission Filers)
_	Sch: 5/31 Rpt: 8/34		Reeder, Lauren R. (The Honora	ble)				00081718	(
4	Date 09/03/2024		Payee name Constant Contact						
6	Amount (\$) \$81.02		Payee address; City; 3675 Precision Dr. Loveland, CO 80538	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		edule)		travel out Austin, TX	side of Texas. Com X, officeholder livinç	
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght		Office he	əld
	Date		Payee name						
	10/02/2024		Constant Contact						
	Amount (\$) \$81.02		Payee address; City; 3675 Precision Dr. Loveland, CO 80538	State;	; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top) Office Overhead/Rental Expens		edule)		travel out: Austin, T>	side of Texas. Com X, officeholder livinç	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld
	Date		Payee name						
	11/04/2024		Constant Contact						
	Amount (\$) \$81.02		Payee address; City; 3675 Precision Dr.	State;	; Zip Co	de			
			Loveland, CO 80538						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top) Office Overhead/Rental Expens		edule)		travel out: Austin, T>	side of Texas. Com X, officeholder livinç	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Ittee Legal Services The Instruction Gu	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:	LER NAME		-	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 6/31 Rpt: 9/34	eeder, Lauren R. (The Ho	norable)		00081718					
4	Date	ayee name								
	12/02/2024	Constant Contact								
6	Amount (\$) \$81.02	ayee address; City; 675 Precision Dr.	State; Zip Co	de						
		oveland, CO 80538								
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th ffice Overhead/Rental Exp			outside of Texas. Complete Schedule T. n, TX, officeholder living expense PS					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	12/18/2024	ornett, Lawanda								
	Amount (\$)	ayee address; City;	State; Zip Co	de						
	\$500.00	01 Caroline St.								
		3th fl								
		ouston, TX 77002								
	PURPOSE	ategory (See Categories listed at th	ne top of this schedule)	(b) Description						
	OF EXPENDITURE	alaries/Wages/Contract La		Check if travel	outside of Texas. Complete Schedule T.					
					n, TX, officeholder living expense					
				Christmas bo	nus					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	11/20/2024	irecTV								
	Amount (\$)	ayee address; City;	State; Zip Co	de						
	\$234.94	260 East Imperial Highway	/							
		Segundo, CA 90245								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the first of the first			outside of Texas. Complete Schedule T. h, TX, officeholder living expense able					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					

			EXPENDITURE C	ATEGO	RIES FOR	BOX 8	3(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 Expo Imittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	head/Re ense oense ages/Cor	eimbursement ntal Expense htract Labor <b>his form.</b>		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
-	Sch: 7/31 Rpt: 10/34		Reeder, Lauren R. (The Honor	able)					00081718	
4	Date	5	Payee name							
	09/18/2024		DoorDash							
6	Amount (\$) \$303.20	7	Payee address; City; 303 2nd St.	State;	; Zip Coo	le				
			San Francisco, CA 94107							
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) De	scription			
	OF EXPENDITURE		Food/Beverage Expense			Ц			le of Texas. Comp	
	-								officeholder living	expense
						Slà	aff birthday	lun	cn	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	Iht			Office he	ld
	Date		Payee name							
	07/11/2024		Four Seasons Los Angeles							
				Ctoto		10				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	ie				
	\$1,657.29		300 South Doheny Dr.							
			Los Angeles, CA 90048							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Travel Out of District	p of this sch	edule)			TX,	le of Texas. Comp officeholder living al retreat	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Iht			Office he	ld
	Date		Payee name							
	08/09/2024		Four Seasons Los Angeles							
	Amount (\$)		Payee address; City;	State:	; Zip Co	le				
	\$28.47		300 South Doheny Dr.							
			Los Angeles, CA 90048							
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sch	iedule)	(b) De	scription			
	EXPENDITURE		Food/Beverage Expense			L Iur		ΤX,	le of Texas. Comp officeholder living etreat	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	Iht			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						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 8/31 Rpt: 11/34		Reeder, Lauren R. (The Honorable)				00081718		
4	Date 08/09/2024		Payee name Four Seasons Los Angeles						
6	Amount (\$) \$9.86		Payee address; City; State; Zi 300 South Doheny Dr. Los Angeles, CA 90048	ïp Code					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Food/Beverage Expense	_{e)} (b		, TX,	de of Texas. Complete Schedule T. officeholder living expense retreat		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t .		Office held		
	Date		Payee name						
	08/26/2024		Frank's Pizza						
	Amount (\$) \$169.50		Payee address; City; State; Zi 417 Travis St.	ip Code					
			Houston, TX 77002						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Food/Beverage Expense	e) (D			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held		
	Date		Payee name						
	08/06/2024		Gavi						
	Amount (\$) \$61.86		Payee address; City; State; Zi 2800 N. Terminal Rd.	ip Code					
			Houston, TX 77032	i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Food/Beverage Expense	_{e)} (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense trip to LA		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	e sough	t		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 9/31 Rpt: 12/34	Reeder, Lauren R. (The Honorable)	00081718						
4	Date 07/02/2024	Payee name Google							
6	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/02/2024	Google							
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel of the top of this schedule)</li> </ul>	outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/03/2024	Google							
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy							
		Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		outside 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         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Git//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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/31 Rpt: 13/34	Reeder, Lauren R. (The Honorable)	00081718							
4	Date 10/02/2024	Payee name Google								
6	Amount (\$) \$15.35	Payee address;       City;       State;       Zip Code         1600 Amphitheatre Pkwy         Mountain View, CA 94043								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/04/2024	Google								
	Amount (\$) \$15.35	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/02/2024	Google								
	Amount (\$) \$15.35	Payee address;City;State;Zip Code1600 Amphitheatre Pkwy								
		Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		outside 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 Loan Repayment/Reimbursi Fees Office Overhead/Rental Exp Food/Beverage Expense Office Overhead/Rental Exp Food/Beverage Expense Offi/Wavrds/Memorials Expense Gift/Wavrds/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 11/31 Rpt: 14/34	Reeder, Lauren R. (The Honorable)	00081718						
4	Date 10/28/2024	Payee name Harris County Democratic Party							
6	Amount (\$)	Payee address; City; State; Zip Code							
Ū	\$5,162.70 4619 Lyons Ave.								
		Houston, TX 77020							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	on						
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.						
			if Austin, TX, officeholder living expense						
		Donatio	n to coordinated campaign						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/10/2024	Harris County Democratic Party							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00								
	Φ200.00	4619 Lyons Ave.							
		Houston, TX 77020							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	on						
	OF EXPENDITURE	Contributions/Donations Made By	if travel outside of Texas. Complete Schedule T.						
			if Austin, TX, officeholder living expense						
		CEC Sp	oonsorship						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/17/2024	Heights and Co Bar							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$83.36	1343 Yale St.							
	ψ03.30	1343 Tale Sl.							
		Houston, TX 77008							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript	on						
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE		if Austin, TX, officeholder living expense						
		intern h	appy hour						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/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	, - I Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	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:	<b>2</b> F	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 12/31 Rpt: 15/34		Reeder, Lauren R. (The Honorable) 00081718							
4	Date 12/06/2024		ayee name Iermes							
6	Amount (\$) \$23.45	4	ayee address; City; 444 Westheimer Rd. łouston, TX 77027	State;	; Zip Coo	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Sift/Awards/Memorials Exper		edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense gift		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	F	ayee name							
	10/16/2024	F	louston Bar Foundation							
	Amount (\$)	F	ayee address; City;	State:	Zip Co	le				
	\$286.00	1 S	111 Bagby St. Ste. 200 Houston, TX 77002							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Contributions/Donations Mad Candidate/Officeholder/Politic	е Ву			ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense icket		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office held		
	Date	F	ayee name							
	10/28/2024	F	louston Bar Foundation							
	Amount (\$) \$260.00	1 S	Payee address; City; 111 Bagby St. Ste. 200 Houston, TX 77002	State;	; Zip Coo	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Contributions/Donations Mad Candidate/Officeholder/Politic	е Ву	,			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office 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					nt/Reimbursement d/Rental Expense e 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: 13/31 Rpt: 16/34		Reeder, Lauren R. (The Honorable	e)				00081718		
4	Date	5	Payee name							
	10/28/2024		Houston Bar Foundation							
6	Amount (\$)	7	Payee address; City; S	State; Zip C	ode					
	\$260.00		1111 Bagby St.							
			Ste. 200							
			Houston, TX 77002							
8	PURPOSE	(2)			(h)	Description				
°	OF	(a)	Category (See Categories listed at the top of the Contributions/Donations Made By	iis schedule)	(0)	Description	outsi	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Candidate/Officeholder/Political Co	ommittee				officeholder living		
			Candidate/Onicenolden/ Onicen Ce	minitee		Dues		Ū	•	
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought         Office held								ld		
	Date		Payee name							
	08/09/2024		IAH Parking							
	Amount (\$)	-	Payee address; City; S	State; Zip C	ode					
	\$85.00		2800 N. Terminal Rd.							
	φ03.00									
			Houston, TX 77032							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense parking for LA trip</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office so	ught			Office he	eld	
	Date		Payee name							
	09/09/2024		JW Marriott Hill Country Resort							
-	Amount (\$)		Payee address; City; S	State; Zip C	ode					
	\$976.55		23808 Resort Pkwy		00.0					
	\$510.55		20000 1100011 1100							
			San Antonio, TX 78261							
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description	_			
	OF EXPENDITURE		Travel In District					de of Texas. Com		
								officeholder living		
						lodging for st	ate	wide judicial	conterence	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			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		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	<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 14/31 Rpt: 17/34	Reeder, Lauren R. (The Honorable)	00081718						
4	Date 09/09/2024	5 Payee name JW Marriott Hill Country Resort							
6	Amount (\$) \$8.53	<ul> <li>Payee address; City; State; Zip Code</li> <li>23808 Resort Pkwy</li> <li>San Antonio, TX 78261</li> </ul>							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense iary conference						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/14/2024	Jason's Deli							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,094.93	901 McKinney St. Houston, TX 77002							
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>jury panel lunch</li> </ul>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/08/2024	Kingdom Builders							
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 6011 W. Orem Dr.							
		Houston, TX 77085							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense 'Ship						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	lains l	Office Over Polling Exp Printing Ex Salaries/W	head/Rei ense pense ages/Con	eimbursement ntal Expense ntract Labor <b>his form.</b>		Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/31 Rpt: 18/34		Reeder, Lauren R. (The Honorable) 00081718								
4	Date 11/14/2024	5	Payee name Kingdom Builders								
6	Amount (\$)	7		Stato:	Zip Co						
ľ	\$250.00	ľ	6011 W. Orem Dr.	Siale,							
			Houston, TX 77085								
8	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	edule)	(b) De	scription				
	OF EXPENDITURE		Contributions/Donations Made By							nplete Schedule T.	
	-		Candidate/Officeholder/Political C	omm	ittee				officeholder livin	g expense	
						ev	ent sponso	1511	ιþ		
9	Complete ONIL V if direct		Candidate/Officeholder name			tht			Office h	ald	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officenoider name	U	Office sou	jrit			Office h	eiu	
	Date		Payee name								
	10/30/2024		La Griglia								
	Amount (\$)		Payee address; City; S	State:	Zip Co	le					
	\$78.65		2817 West Dallas St.		•						
	<b>+</b> 10100										
			Houston, TX 77019								
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	edule)	(b) De	scription				
	OF EXPENDITURE		Food/Beverage Expense							nplete Schedule T.	
	-						Check if Austin, TX, officeholder living expense judges lunch				
						jut	iges iunch				
_	Complete ONIL V if direct		Candidate/Officeholder name			ubt.			Office h	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			U	Office sou	JIIL			Office II	eiu	
⊨	Date	Γ	Payee name								
	11/29/2024		La Griglia								
	Amount (\$)			State:	Zip Co	le					
	\$211.69		2817 West Dallas St.	stato,	2.0 000						
	4211.00										
			Houston, TX 77019								
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	edule)	(b) De	scription				
	OF EXPENDITURE		Food/Beverage Expense							nplete Schedule T.	
	Check if Austin, 1X, officenologi living expense								g expense		
						INE	ew judges lu	unc	11		
	0			-							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	С	Office sou	Int			Office h	eia	
	,										

			EX	PENDITURE CAT	EGORIE	S FOR	3OX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·							(Ethics Commission Filers)		
-	Sch: 16/31 Rpt: 19/34	I	2     FILER NAME     3     Filer ID     (Ethics Commission 00081718)       Reeder, Lauren R. (The Honorable)     00081718									
4	Date		Payee name									
	11/29/2024		La Griglia 7 Payee address; City; State; Zip Code									
6	Amount (\$) \$335.66	:	Payee address; 2817 West Dallas Houston, TX 770:		State; Z	Zip Code	3					
8	PURPOSE	(a)	Category (See Categ	arian listed at the tap of	thic cohodul		) Description					
-	OF EXPENDITURE		Food/Beverage E			ile) (	Check if travel	ı, TX,	de of Texas. Comp officeholder living h			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name	Offic	ce sougl	it		Office he	eld		
	Date		Dayee name									
	08/15/2024		_uby's									
	Amount (\$)		Payee address;	City;	State; Z	Zip Cod	9					
	\$70.90		201 Caroline St. Houston, TX 770	)2								
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Food/Beverage E		this schedul	_{ile)} (I		n, TX,	de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name	Offic	ce sougl	nt		Office he	ld		
	Date		^D ayee name									
	08/21/2024		Luby's									
	Amount (\$) \$63.92		^D ayee address; 201 Caroline St.	City;	State; Z	Zip Code	9					
			Houston, TX 770	)2								
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Food/Beverage E		this schedu	_{lle)} (I		n, TX,	de of Texas. Comp officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Offic	ce sougl	nt		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		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Expense Food/Beverage Food/Be	Office Over Polling Exp Printing Exp Salaries/Wa	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: 17/31 Rpt: 20/34		Reeder, Lauren R. (The Honorable) 00081718							
4	Date 11/15/2024	5	Payee name Luby's							
6	Amount (\$) \$72.87	7	Payee address; City; State; 201 Caroline St. Houston, TX 77002	Zip Coo	le					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense jury breakfast										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	12/06/2024		Luby's							
	Amount (\$) \$82.01		Payee address; City; State; 201 Caroline St.	Zip Coo	le					
			Houston, TX 77002							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Food/Beverage Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	08/06/2024		Lyft							
	Amount (\$) \$212.26		Payee address; City; State; 185 Berry St.	Zip Coo	le					
			San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Travel Out of District	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense LOS Angeles			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			

			EXPENDITURE CAT	EGOF	RIES FOR	BO	X 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transport           Food/Beverage Expense         Polling Expense         Travel i           / -         Gift/Awards/Memorials Expense         Printing Expense         Travel i						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 ID (Ethics Commission Filers)
1	Sch: 18/31 Rpt: 21/34		Reeder, Lauren R. (The Honorab	le)					00081718
4	Date	5	Payee name						
	08/06/2024		Lyft						
6	Amount (\$) \$185.54		Payee address; City; 185 Berry St. San Francisco, CA 94107	State;	; Zip Coo	le			
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	(aluba	(b)	Description		
	OF EXPENDITURE		Travel Out of District	1113 3011	leuuie)	[	Check if travel of Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense n Los Angeles
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	jht			Office held
	Date		Payee name						
	12/06/2024		M Penners						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$43.55		1180 Uptown Park Blvd. Houston, TX 77056						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense	this sch	edule)	[		TX,	de of Texas. Complete Schedule T. officeholder living expense gift
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Jht			Office held
	Date		Payee name						
	11/01/2024		Maggianos						
	Amount (\$) \$910.20		Payee address; City; 2019 Post Oak Blvd	State;	; Zip Coo	le			
			Houston, TX 77056						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Food/Beverage Expense	this sch	edule)	]		TX,	de of Texas. Complete Schedule T. officeholder living expense eting
	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	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	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)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 19/31 Rpt: 22/34		Reeder, Lauren R. (The Honorable)				00081718				
4	Date	5	Payee name								
	12/12/2024		Mastros Uptown								
6	Amount (\$)	7	' Payee address; City; State; Zip Code								
	\$8.00		1650 W. Loop S.								
			Houston, TX 77027								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	aluba)	(b) Description						
	OF	Ľ	Event Expense	cuuic)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE						officeholder living expense				
					parking for e	ven	t				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Jht		Office held				
	Date		Payee name								
	09/16/2024		Meyerland Area Democrats Club								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$250.00		P.O. Box 310061	•							
			Houston, TX 77231								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittaa			de of Texas. Complete Schedule T. , officeholder living expense				
			Candidate/Onicenoide//Political Comm								
					event sponso						
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	iht		Office held				
	expenditure to benefit C/OI	0									
-	Date		Payee name								
	12/18/2024		North, Shannon								
	Amount (\$)			Zip Co	le						
	\$500.00		201 Caroline St.	p 00							
	+000100		13th fl								
			Houston, TX 77002								
	DUDDOOF	(-)		i							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Salaries/Wages/Contract Labor				officeholder living expense				
					Christmas bo						
	Complete ONLY if direct		Candidate/Officeholder name C	office sou	jht		Office held				
	expenditure to benefit C/OI	Н									

			EXPENDITURE CATEGO	RIES FOR	R BC	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees         Office Overhead/Rental Experience           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)
1	Sch: 20/31 Rpt: 23/34	2	Reeder, Lauren R. (The Honorable)				3	00081718
4	Date	5	Payee name					
	08/07/2024		O'Malleys on Main					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$28.92		140 Main St.					
			Seal Beach, CA 90740					
8	PURPOSE	(0)			(h)	Description		
°	OF	(a)	Category (See Categories listed at the top of this so	hedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					officeholder living expense
						lunch at judic		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight			Office held
	Date		Payee name					
	08/05/2024		Pizzeria Sei					
				7.0				
	Amount (\$)			e; Zip Co	bde			
	\$53.80		8781 W. Pico					
			Los Angeles, CA 90035					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Food/Beverage Expense	hedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense I retreat
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	11/18/2024		ROAD Women					
-	Amount (\$)		Payee address; City; State	e; Zip Co	ohe			
	\$250.00		P. O. Box 22678	<i>ε</i> , <i>Σ</i> ιρ ου	Jue			
	φ250.00		F. O. BOX 22076					
			Houston, TX 77227					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE		Candidate/Officeholder/Political Comr	nittee				officeholder living expense
						holiday party	spo	onsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			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 Imittee Legal Services The Instruction Guide explains h	Office Ove 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	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
_	Sch: 21/31 Rpt: 24/34		Reeder, Lauren R. (The Honorable)				00081718			
4	Date 11/13/2024		Payee name River Oaks Shopping Parking							
6	6 Amount (\$) \$14.65 \$14.65 F Payee address; City; State; Zip Code 1964 W Gray st. Houston, TX 77019									
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Event Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense parking for lunch     </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	08/15/2024		Sam's Club							
	Amount (\$) \$215.13		5310 S. Rice Ave.	Zip Co	le					
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77081 Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held			
	Date		Payee name							
	08/19/2024		Sam's Club							
	Amount (\$) \$228.14		Payee address; City; State; 5310 S. Rice Ave.	Zip Co	le					
			Houston, TX 77081							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	ffice sou	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
		Accounting/Banking         Fees         Office Overhead/Rental Expense           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/ Donations Made By - Candidate/Officeholder/Political Committee         Gift/Awards/Memorials Expense         Printing Expense           Cradit Card Payment         Legal Services         Salaries/Wages/Contract Labor				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	The Instruction Guide explains how to complete this form.						-	
1	Total pages Schedule F1:	2					3	Filer ID         (Ethics Commission Filers)
	Sch: 22/31 Rpt: 25/34		Reeder, Lauren R. (The Honorable)					00081718
4	Date	5	Payee name					
	08/15/2024		Shipley Donuts					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$43.67		3932 N. Main St.					
			Houston, TX 77009					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						jury breakfas	t	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held
_	Date		Payee name					
	08/22/2024		Shipley Donuts					
				7.0				
	Amount (\$)			e; Zip Co	ode			
	\$50.96		3932 N. Main St.					
			Houston, TX 77009					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.
	-					jury breakfas		officeholder living expense
						July Dieakias	ι	
_				0#:00				Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	igni			Office field
		_						
	Date		Payee name					
	10/16/2024		Shipley Donuts					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$19.48		3932 N. Main St.					
			Houston, TX 77009					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
			Food/Beverage Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		2 .					officeholder living expense
						jury breakfas	t	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held
	expenditure to benefit C/OI	1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
		Accounting/Banking         Fees         Office Overhead/Rental Expense           Consulting Expense         Food/Beverage Expense         Polling Expense           Contributions/ Donations Made By - Candidate/Officeholder/Political Committee         Giff/Awards/Memorials Expense         Printing Expense           Legal Services         Salaries/Wages/Contract Labor					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
1	Sch: 23/31 Rpt: 26/34							
4	Date	5	Payee name					
	12/05/2024		Shipley Donuts					
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le		
	\$76.26		3932 N. Main St.					
			Houston, TX 77009					
8	PURPOSE	(a)				(b) Description		
ľ	OF	(",	Category (See Categories listed at the Food/Beverage Expense	e top of this sche	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		roou/Deverage Expense			Check if Austir	n, TX	, officeholder living expense
						jury breakfas	t	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	11/20/2024		Staples.com					
	Amount (\$)		Payee address; City;	State:	Zip Coo	le		
	\$168.62		500 Staples Dr.	,				
	\$100.02		ood olapied Di					
			Farmingham, MA 01702					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	12/12/2024		Taco Deli					
	Amount (\$)		Payee address; City;	State [.]	Zip Coo	le		
	\$95.15		1902 Washington Ave.	Olule,	210 000			
	\$55.15		1002 Washington / We.					
			Houston, TX 77007					
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						jury breakfas	L	
	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/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	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: 24/31 Rpt:27/34Reeder, Lauren R. (The Honorable)00081718						
4	Date     5     Payee name       09/21/2024     Take the Cake						
_	Amount (\$)	<u> </u>		Zip Co			
0	\$48.00	ľ	Payee address; City; State; 5700 Hwy 6 N	ZIP CO	le		
	Φ40.00		5700 HWY 0 N				
			Houston, TX 77084				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.
					Cake for staf		officeholder living expense
					Care IOI Stall		
_	Complete ONIL V if direct		Condidate/Officeholder name	office sour			Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Mice Sou	JIIL		Office held
	Date		Payee name				
	09/16/2024		Texas Association of District Judges				
	Amount (\$)	-		Zip Co	10		
	.,			Zip Co			
	\$5,001.06 505 Regency Dr.						
			El Campo, TX 77437				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.
			Candidate/Officeholder/Political Commi	ittee			officeholder living expense
					dues and dor	iati	on
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		Office held
	Date		Payee name				
	11/15/2024		Texas Lone Star Valet				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$9.58		3330 Keller Springs Rd.				
			Carrollton, TX 75006				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense				de of Texas. Complete Schedule T.
							officeholder living expense
					parking for m	eel	ung
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	yht		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 nmittee 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	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 25/31 Rpt: 28/34									
4	Date	5	Payee name							
	11/29/2024		Texas Lone Star Valet							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
	\$9.58		3330 Keller Springs Rd.							
			Carrollton, TX 75006							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description					
-	OF	()	Event Expense	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					parking for m	leet	ting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held			
	Date		Payee name							
	07/02/2024		The Beacon Agency							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$50.00		5900 Balcones Dr.							
Ste. 100										
			Austin, TX 78731							
	PURPOSE				(b) Description					
	OF	(a)	Office Overhead/Rental Expense	ry (See Categories listed at the top of this schedule) (b) Description			IION ( if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE									
					website serv	ices	6			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	lht		Office held			
-	Date		Payee name							
	08/02/2024		The Beacon Agency							
-	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$50.00		5900 Balcones Dr.	1						
			Ste. 100							
			Austin, TX 78731							
	DUDDOCE									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Office Overhead/Rental Expense				, officeholder living expense			
					website serv	ices	5			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Iht		Office held			
	expenditure to benefit C/OI	4								

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees         Office Overhead/Rental Expense         Transport           Food/Beverage Expense         Polling Expense         Travel in I           By -         Gift/Awards/Memorials Expense         Printing Expense         Travel Ou						Transportation I Travel in Distric Travel Out of Di			
1	Total pages Sebadula E1:	2		=					2		(Ethics Commissio	n Filore)
1 T	Total pages Schedule F1:	<b> </b> 2							3	Filer ID	(Ethics Commissio	in Fliers)
	Sch: 26/31 Rpt: 29/34		Reeder, La	uren R. (The H	lonorable)					00081718		
4	Date	5	Payee name									
	09/03/2024		The Beaco									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$50.00		5900 Balco	nes Dr.								
			Ste. 100									
			Austin, TX	78731								
8	PURPOSE	(a)	Category (s	ee Categories listed a	t the top of this sch	odulo)	(b) De	escription				
	OF	Ľ		head/Rental E		icuuic)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Onice Over		xperise			4		officeholder livin		
								ebsite servi			5 - · · · · · · · ·	
							vv		003	,		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(	Office sou	ght			Office h	eld	
	Date		Payee name									
	10/02/2024		The Beaco	n Agency								
	Amount (¢)	-			Stata	· Zin Co	do					
	Amount (\$)		Payee addre		State	; Zip Co	ue					
\$50.00 5900 Balcones Dr.												
			Ste. 100									
			Austin, TX	78731								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) De	escription				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
								Check if Austin,	, TX,	officeholder livin	g expense	
							We	ebsite servi	ces	5		
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	aht			Office h	old	
	expenditure to benefit C/Oł		Sandidate/On		,	5mcc 300	gin			Office fi	ciù	
	'											
	Date		Payee name									
	11/04/2024		The Beaco	n Agency								
	Amount (¢)	-	Davoo addro		Stata	· 7in Co	do					
	Amount (\$)		Payee addre		State	; Zip Co	ue					
	\$50.00		5900 Balco	nes Dr.								
			Ste. 100									
			Austin, TX	78731								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b) De	escription				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			4			plete Schedule T.	
	EXPENDITORE							Check if Austin,	, TX,	officeholder livin	g expense	
							We	ebsite servi	ces	5		
-	Complete ONLY if direct	<u>_</u>	Candidate/Off	iceholder name	(	Office sou	aht			Office h	eld	
	expenditure to benefit C/Oł		Janaidate/OII	isensider name	(	500 30U	9			Childe II		
	•											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				•	2	Filer ID	(Ethics Commission Filers)	
1	Sch: 27/31 Rpt: 30/34									
4	Date	5	Payee name							
	11/02/2024		The Beacon Agency							
6	Amount (\$)	7	Payee address; City;	State; Zi	р Сос	le				
	\$50.00		5900 Balcones Dr.							
			Ste. 100							
			Austin, TX 78731							
_	BUBBOOF				<u> </u>	n				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of		e)	<b>b)</b> Description	outoi	ide of Toyloo, Com	nlata Cabadula T	
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Com , officeholder living		
						website servi			(expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	e soug	ht		Office he	eld	
	Date		Payee name							
	12/18/2024		Thieme, Norma							
_	Amount (\$)	┝	Payee address; City;	State; Zi	n Cor					
	\$500.00 201 Caroline St.									
			13th fl							
			Houston, TX 77002							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule	e) (	b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Com		
								, officeholder living	expense	
						Christmas bo	nu	S		
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office he	eld	
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	12/06/2024		Tiffany & Co							
-	Amount (\$)		Payee address; City;	State; Zi	p Coc	le				
	\$175.00		5015 Westheimer Rd.							
	+=:0:00									
			Houston, TX 77056							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule	e) (	<b>b)</b> Description				
	OF EXPENDITURE		Gift/Awards/Memorials Expense					ide of Texas. Com	•	
								, officeholder living	expense	
						outgoing jude	ges	gift		
	Complete ONLY if direct		Candidate/Officeholder name	Office	e soug	ht		Office he	eld	
	expenditure to benefit C/OI	Н								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By - Candidate/Officeholder/Political Committee     Gift/Awards/Memorials Expense     Printing Expense       Credit Card Payment     The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total names Schedule E1:	2					3	Filer ID (Ethics Commission Filers)
1	1       Total pages Schedule F1:       2       FILER NAME       3       Filer ID       (Ethics C         Sch: 28/31 Rpt:       31/34       Reeder, Lauren R. (The Honorable)       00081718							
4	Date	5	Payee name					
	08/05/2024		Uber					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$130.14		1515 3rd St.					
			San Francisco, CA 94158					
0	DUDDOCE				(h)	<b>D</b>		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(a)	Description	outei	de of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					officeholder living expense
								udicial retreat
							. ].	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice sou	ght			Office held
	Date		Payee name					
	08/05/2024		Uber					
	Amount (\$)			Zip Co	de			
	\$30.20		1515 3rd St.					
			San Francisco, CA 94158					
	PURPOSE	(0)			(h)	Description		
	OF	(a)	Category (See Categories listed at the top of this sched	dule)	(D)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					officeholder living expense
						travel in LA fo		
							,	
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ght			Office held
	expenditure to benefit C/OI	Н						
	Date		Payee name					
	08/05/2024		Uber					
_		-		7:- 0	de			
	Amount (\$)		<b>,</b> , , , , , , , , , , , , , , , , , ,	Zip Co	ae			
	\$28.82		1515 3rd St.					
			San Francisco, CA 94158					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b)	Description		
	OF		Travel Out of District	ŕ		Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						travel in LA fo	or ju	udicial retreat
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sou	ght			Office held
	r							

		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:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 29/31 Rpt: 32/34	Reeder, Lauren R. (The Honorable)	00081718
4	Date 11/06/2024	5 Payee name Uber	
6	Amount (\$) \$37.22	<ul> <li>Payee address; City; State; Zip Code</li> <li>1515 3rd St.</li> <li>San Francisco, CA 94158</li> </ul>	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dr judicial retreat
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/25/2024	UberEats	
	Amount (\$) \$262.01	Payee address; City; State; Zip Code 1515 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Dt board
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/25/2024	UberEats	
	Amount (\$) \$49.14	Payee address; City; State; Zip Code 1515 3rd St.	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nch for ballot board
	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 L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F Legal Services S The Instruction Guide explains ho	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: 30/31 Rpt: 33/34		Reeder, Lauren R. (The Honorable)				00081718
4	Date 07/25/2024		Payee name United Airlines				
6	Amount (\$) \$89.99		Payee address; City; State; 233 S. Wacker Dr. Chicago, IL 60606	Zip Coo	le		
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense change fee       Check if travel outside of Texas. Complete Schedule T.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice soug	ht		Office held
	Date		Payee name				
	07/25/2024		United Airlines				
	Amount (\$) \$38.99		Payee address; City; State; 233 S. Wacker Dr.	Zip Coo	le		
			Chicago, IL 60606				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedu Travel Out of District	lule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					Office held
	Date		Payee name				
	07/25/2024		United Airlines				
	Amount (\$) \$1.32		Payee address; City; State; 233 S. Wacker Dr.	Zip Coo	le		
			Chicago, IL 60606				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schede Travel Out of District	lule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held