CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	te this form.	1 Filer ID (Ethics Commissi 00088344	on Filers)	2 Total pages filed 18	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
OFFICEHOLDER NAME	Mr.	Jackie D.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	07/14/2025	
		Reynolds				
4 CANDIDATE /	ADDRESS / PO BOX; APT /		v·	ZIP CODE	Date Hand-delivered or D	ate Postmarked
OFFICEHOLDER	1121 EMERALD LEAF DRI		Ι,	ZIF CODE	Bate Hand donvered of B	ato i obunamou
MAILING ADDRESS		· • -			Receipt #	Amount
Change of Address	AZLE, TX 76020					
onango on nada oso	AZLL, TX 70020				Date Processed	
					Data Imaged	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>!</u>	
TREASURER	Mr.	Jackie D.				
NAME						
	NICKNAME I	LAST		SUFFIX		
	Jack	Reynolds				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	APT /	SUITE#; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	1121 Emerald Leaf Drive					
(Residence or Business)						
(Nesidefice of Edsiriess)	Azle, TX 76020					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(817) 627-1548	I NOMBER	ZY ENGION			
PHONE	(011) 021 1010					
8 REPORT						
TYPE	January 15	30th day before	election R	tunoff	15th day after camp appointment (officel	
	X July 15	8th day before e	election	xceeded modified	Final Report (Attach	
			└─ re	eporting limit	.	,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				State Representa	ative District 99	
			•			
		GO T	O PAGE 2			
1						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Reynolds, Jackie D. (Mr.)	14 Filer ID (Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's know	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS	1	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	1,056.75
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	355.32
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,240.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
			ackie D. Reynolds Candidate or Officehole	dor	
		Signature of	Candidate of Officerior	uei	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering	g oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

						3 of 18
Reynolds, Jackie D. (Mr.) 00088344						Commission Filers)
20		SCHEDULE SUBTOTALS NAME OF SCHEDULE			SI	JBTOTAL AMOUNT
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,056.75
	2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	4.		SCHEDULE E: LOANS		\$	
	5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	1,079.18
	6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	161.47
	10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
	11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
ı						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	DULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/18			
2	Reynolds, Jackie D. (Mr.)		3	Filer ID (Ethics Commission 00088344	Filers)			
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 02/12/2025 Buckner, Rebecca 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00			
0	Dringing oggu	Fort Worth, TX 76133	0	Employer (See Instructions	,, 			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	·)			
	Date 01/16/2025	Full name of contributor)		Amount of Contribution (\$)	\$156.56	
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)		Employer (See Instructions	;) 			
	i illicipai occu	pation / Job title (Jee matactions)		PSE PSE	,,			
	Date 01/16/2025	Full name of contributor out-of-state PAC (ID#:_ Checo, Pedro Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		The Woodlands, TX 77380						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions PSE	5)			
	Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:_Checo, Pedro Contributor address; City; State; Zip Code The Woodlands, TX 77380)		Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Date 03/16/2025	Full name of contributor out-of-state PAC (ID#:_ Checo, Pedro Contributor address; City; State; Zip Code The Woodlands, TX 77380)		Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/18		
2	FILER NAME Reynolds, Ja	ackie D. (Mr.)		3	Filer ID (Ethics Commission 00088344	n Filers)	
4			7	Amount of Contribution (\$)	\$260.73		
		Coral Springs, FL 33071					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions Ekstrom Properties, LLC				
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID#:_ Nippert, Paul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.52	
	Principal occu	Griffith, IN 46319 pation / Job title (See Instructions)	Employer (See Instructions US Steel)			
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_ Reynolds, Jack (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Azle, TX 76020 pation / Job title (See Instructions)	Employer (See Instructions				
	College Instr	· · · · · · · · · · · · · · · · · · ·	Weatherford College	,			
	Date 02/22/2025	Full name of contributor out-of-state PAC (ID#:_ Reynolds, Jack (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.35	
	Principal occu	Azle, TX 76020 pation / Job title (See Instructions)	Employer (See Instructions)			
	College Instr		Weatherford College				
	Date 03/11/2025	Full name of contributor)		Amount of Contribution (\$)	\$50.00	
	Principal occu College Instr	pation / Job title (See Instructions) ructor	Employer (See Instructions Weatherford College)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/18			
2	P. FILER NAME Reynolds, Jackie D. (Mr.)		3	Filer ID (Ethics Commission 00088344	ı Filers)		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Reynolds, Jack (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
8		Azle, TX 76020 pation / Job title (See Instructions) 9	Employer (See Instructions	S)		
	Date 04/03/2025	Full name of contributor Reynolds, Jackie (Dr.) Contributor address; City; St Azle, TX 76020	out-of-state PAC (ID#:atte; Zip Code	Weatherford College		Amount of Contribution (\$)	\$50.00
	Principal occu College Instr	pation / Job title (See Instructions)	Employer (See Instructions Weatherford College	<u>I</u> S)		
	Date 03/12/2025	Full name of contributor Reynolds, Jackie (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Azle, TX 76020 pation / Job title (See Instructions)	Employer (See Instructions	 		
	College Instr			Weatherford College			
	Date 03/10/2025	Full name of contributor Reynolds, Jackie (Dr.) Contributor address; City; St Azle, TX 76020)		Amount of Contribution (\$)	\$47.59
	Principal occu College Instr	pation / Job title (See Instructions)	Employer (See Instructions Weatherford College	<u> </u> S)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2025 Reynolds, Jackie (Dr.) Contributor address; City; State; Zip Code Azle, TX 76020			Amount of Contribution (\$)	\$50.00		
	Principal occup College Instr	pation / Job title (See Instructions uctor		Employer (See Instructions Weatherford College	5)		
			<u>, </u>				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/18
2	FILER NAME Reynolds, Jackie D. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088344
4	Date 01/30/2025 5 Full name of contributor out-of-state PAC (ID#: Reynolds, Jackie (Dr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
	Azle, TX 76020	
8		See Instructions) ord College
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00
	Azle, TX 76020	
		See Instructions) ord College

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		aries/Wages/Contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 8/18	Reynolds, Jackie D. (Mr.)	00088344
4 Date	5 Payee name	
03/21/2025	Brown Express	
6 Amount (\$) \$34.75	7 Payee address; City; State; Zip Brownwood, TX 76801	p Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OI		e sought Office held
Date	Payee name	
03/12/2025	Campaign Partner	
Amount (\$) \$38.00	Payee address; City; State; Zi _l	p Code
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense web
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held
Date	Payee name	
04/16/2025	Campaign Partner	
Amount (\$) \$38.00	Payee address; City; State; Zip	p Code
	тх	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense web
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e 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 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 Filers)	_
	Sch: 2/9 Rpt: 9/18	Reynolds, Jackie D. (Mr.) 00088344	
4	Date	5 Payee name	_
	01/31/2025	Exxon	
6	Amount (\$) \$9.73	7 Payee address; City; State; Zip Code Azle, TX 76020	
8	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 Snacks	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/17/2025	Facebook	
	Amount (\$) \$36.00	Payee address; City; State; Zip Code	
		CA	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ad	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/28/2025	Facebook	
	Amount (\$) \$5.46	Payee address; City; State; Zip Code	
		CA	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ad	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_

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

Candidate/Officenoider/Politica 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: 3/9 Rpt: 10/18	Reynolds, Jackie D. (Mr.) 00088344
4 Date	5 Payee name
01/20/2025	lonos
6 Amount (\$) \$2.50	7 Payee address; City; State; Zip Code
	Chesterbrook, PA
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense web
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2025	lonos
Amount (\$) \$24.47	Payee address; City; State; Zip Code
	Chesterbrook, PA
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense web
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2025	lonos
Amount (\$) \$15.96	Payee address; City; State; Zip Code
	Chesterbrook, PA
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense web
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

	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: 4/9 Rpt: 11/18	Reynolds, Jackie D. (Mr.) 00088344
4	Date	5 Payee name
	02/20/2025	Ionos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.50	
		Chesterbrook, PA
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web
		web
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2025	lonos
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.47	
		Chesterbrook, PA
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web
		Web
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	5 .	
	Date	Payee name
	02/24/2025	lonos
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.96	
		Chesterbrook, PA
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		web
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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 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 comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 5/9 Rpt: 12/18	Reynolds, Jackie D. (Mr.)			00088344	
4	Date	5 Payee name		•		
	03/20/2025	lonos				
6	Amount (\$) \$2.50	7 Payee address; City; State; Zip Code	e			
		Chesterbrook, PA				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		escription Check if travel outsid Check if Austin, TX, oreb		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	Date	Payee name				
	02/07/2025	JD Whip				
	Amount (\$) \$5.04	Payee address; City; State; Zip Code	e			
		Azle, TX 76020				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		escription Check if travel outsid Check if Austin, TX, on the control of the co		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld
	Date 02/15/2025	Payee name Staples				
	Amount (\$) \$24.14	Payee address; City; State; Zip Code	e			
		Lake Worth, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		escription Check if travel outsid Check if Austin, TX, or rinting		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica 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: 6/9 Rpt: 13/18	Reynolds, Jackie D. (Mr.) 00088344
4	Date	5 Payee name
	03/21/2025	Star-Telegram
6	Amount (\$) \$27.05	7 Payee address; City; State; Zip Code 808 Throckmorton St Fort Worth, TX 76102
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) News (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense news
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Star-Telegram
	Amount (\$) \$27.05	Payee address; City; State; Zip Code 808 Throckmorton St Fort Worth, TX 76102
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) news (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense news
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/21/2025	Star-Telegram
	Amount (\$) \$27.05	Payee address; City; State; Zip Code 808 Throckmorton St
		Fort Worth, TX 76102
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) news (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense news
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gill Committee Contributions Contributions (Contributions) Contributions (Contributi

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 14/18	Reynolds, Jackie D. (Mr.)	00088344
4	Date	5 Payee name	
	01/31/2025	Tarrant County Republican Party	
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code	
		Fort Worth, TX	
8	PURPOSE OF EXPENDITURE	Event Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Gala!
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	02/05/2025	Texaco	
	Amount (\$) \$19.46	Payee address; City; State; Zip Code	
		Azle, TX 76020	
	PURPOSE OF EXPENDITURE	Traver in District	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	03/22/2025	Underwoods	
	Amount (\$) \$18.71	Payee address; City; State; Zip Code	
		Brownwood, TX 76801	
	PURPOSE OF EXPENDITURE	Tood/Deverage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	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 com	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 15/18	Reynolds, Jackie D. (Mr.)		00088344
4	Date	5 Payee name		•
	01/24/2025	Vocloner.com		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$8.07			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense ads
				aus
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
ľ	expenditure to benefit C/OI		,	5.1100 11010
H	Date	Payee name		
	02/24/2025	Vocloner.com		
\vdash	Amount (\$)	Payee address; City; State; Zip Cod	le.	
	\$8.07	r dyee dadress, Sity, State, Zip Sou	10	
	Ψ0.01			
_	PURPOSE	(a) a .	/b\	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	experialitire to beriefft C/Of	1		
	Date	Payee name		
	03/24/2025	Vocloner.com		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$8.07			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense ads
				440
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		, -	
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal sacra Calcadala E4	
1	Total pages Schedule F1:	
	Sch: 9/9 Rpt: 16/18	Reynolds, Jackie D. (Mr.) 00088344
4	Date	5 Payee name
	01/04/2025	Zoom.us
6	Amount (\$) \$16.95	7 Payee address; City; State; Zip Code
		San Jose, CA
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Stupidest categories ever! No Communication? Marketing? Seriously? (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Seriously? WTF? It is Zoom - use your imagination. Good grief.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	Zoom.us
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	
		San Jose, CA
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	blah blah Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense blah blah
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/14/2025	Zoom.us
	Amount (\$) \$16.95	Payee address; City; State; Zip Code
		San Jose, CA
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	blah blah Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense blah blah
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor	Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above)
		The Instruction Guide explains	s now to co	mpiete this form.	
1 Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 17/18	Reynolds, 3	lackie D. (Mr.)			00088344
4 Date	5 Payee name				
01/08/2025	Campaign I	Partner			
6 Amount (\$)	7 Payee addre	ss; City; State	e; Zip Co	de	
\$38.00					
Reimbursement from					
political contributions intended	MA				
8 PURPOSE		as Catagorias listed at the tan of this as	abadula)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
OF	1	ee Categories listed at the top of this so	riedule)	(b) Description	Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising	Expense		web	_
9 Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held
expenditure to benefit	Candidate/Office	noider name		Office Sought	Office field
C/OH					
Date	Payee name				
02/10/2025	Campaign I	Partner			
Amount (\$)					
\$38.00					
Reimbursement from					
political contributions intended	l _{MA}				
	_		1	Description F	Charle if travel autoide of Taylor Complete Cabadula T
PURPOSE OF	1	ee Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising	Expense		web	
				WCD	
Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held
expenditure to benefit	Carraracter Cinice	noider flame		Office Sought	Since field
C/OH					
Date	Payee name				
04/19/2025	Campaign I	Partner			
Amount (\$)	Payee addre	ss; City; State	e; Zip Co	de	
\$38.00		•	•		
Reimbursement from					
political contributions intended	MA				
PURPOSE	Category (s	ee Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising	Expense			Check if Austin, TX, officeholder living expense
EXPENDITORE				web	
	Candidate/Office	holder name	ı	Office sought	Office held
expenditure to benefit C/OH					
5/011					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 18/18 Reynolds, Jackie D. (Mr.) 00088344 Date Payee name 02/21/2025 Staples 6 Amount (\$) Payee address; City; State; Zip Code \$47.47 Reimbursement from political contributions intended Lake Worth, TX 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH