CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this	s form. 1 Filer ID (Ethics Commis 00062098	ssion Filers)	2 Total pages filed: 59
3 CANDIDATE /	MS / MRS / MR FIRS	T	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Rona	ald E.		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAST	r	SUFFIX	07/15/2025
		nolds	SUFFIX	01/10/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	6140 Hwy. 6 South, Ste. 233			Receipt # Amount
ADDRESS				, wheath
Change of Address	Missouri City, TX 77459-3802			Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRS	Γ	MI	
NAME	Rona	ıld E.		
	NICKNAME LAST		SUFFIX	
	Reyn	iolds		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX F	PLEASE); APT	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	6140 Highway 6 South #233			
(Residence or Business)				
(Missouri City, TX 77459			
7 CAMPAIGN	AREA CODE PHONE NUM	MBER EXTENSION		
TREASURER	(832) 721-2667	MBER EXTENSION		
PHONE	(632) 721-2007			
8 REPORT				
TYPE	January 15 30tl	h day before election	Runoff	15th day after campaign treasurer
				appointment (officeholder only)
	X July 15 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
0 DEDIOD	Month Day Year		Month Day	Voor
9 PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year 5
	01/01/2023	1111100011	00/30/2020	,
10 ELECTION	ELECTION DATE	<u> </u>	ELECTION TYPE	
20 222011011	Month Day Year	X Primary	Runoff	Other
	03/03/2026	I	☐ Consist	
		General	Special	
11 055105	OFFICE HELD (% am.)	<u> </u>	12 OFFICE COLLOUT	(if Impum)
11 OFFICE	OFFICE HELD (if any) State Representative District 27		12 OFFICE SOUGHT (State Representa	
	State Representative District 27 State Representa			tuve District 21
			<u></u>	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 59

13 C / OH NAME	NAME Reynolds, Ronald E. (The Honorable) 14 Filer ID 00062098			(Ethics Comr	mission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepte These expenditures may have difficeholders are required to	ve been made without t	he candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN 1	TREASURER NAME			
		COMMITTEE CAMPAIGN T	TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRI			\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				\$	51,018.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE FING PERIOD			\$	1,226.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTS TING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	58,410.00
17 AFFIDAVIT		true and	or affirm, under penalty correct and includes al tle 15, Election Code.			
			The Honora	ble Ronald E. Reyno	olds	
			Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		aid		, this the		_ day
	of, 20, to certify which, witness my hand and seal of office.					
Signature of offi	Signature of officer administering Printed name of officer administering Title of officer administering oath					

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 59 FILER NAME Reynolds, Ronald E. (The Honorable) SCHEDULE SUBTOTALS CURTOTAL ANOLINE

	0 01 55						
18 FILER Reyno		IE Ronald E. (The Honorable)	19 Filer ID 00062098	(Ethics Commission Filers)			
20 SCHEE NAME		SUBTOTAL AMOUNT					
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	Х	SCHEDULE E: LOANS		\$ 17,500.00			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 51,018.01			
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.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
				•			

	LOANS		SCHEDULE E				
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/2 Rpt: 4/59		
2	FILER NAME Reynolds, Rona	ld E. (The Honorable)			3 Filer ID 000620	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$	
5	To Date of loan out-of-state PA O5/13/2025 REYNOLDS, RON (Rep.)			AC (ID#:)	9 Loan Amount (\$) \$5,000.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 11 Maturity Date	
	No	Missouri city, TX 77459				II Maturity Date	
12	Principal occupation Representative	on / Job title (See Instructions)		13 Employer (See Instructions State of Texas	s)		
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupation				21 Employer (See Instructions	6)		
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)	
	06/01/2025	REYNOLDS, RON (Rep.)				\$7,500.00	
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate	
	No	Missouri city, TX 77459				Maturity Date	
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	s)		
	Representative			State of Texas			
Description of Collateral X None			Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
	X not applicable	Guarantor address; City;	State;	Zip Code			
Principal occupation			Employer (See Instructions	5)			

	LOANS		SCHEDULE E				
	The Instruction	on Guide explains how to	complete this 1	form.	1 Total pages Schedule E: Sch: 2/2 Rpt: 5/59		
2	FILER NAME Reynolds, Rona	ld E. (The Honorable)			3 Filer ID 000620	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$	
5	7 Name of lender out-of-state PA 06/05/2025 REYNOLDS, RON (Rep.)			AC (ID#:)	9 Loan Amount (\$) \$2,500.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 11 Maturity Date	
	No	Missouri city, TX 77459				II Maturity Date	
12	Principal occupation Representative	on / Job title (See Instructions)		13 Employer (See Instructions State of Texas	6)		
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructions	6)		
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)	
	06/09/2025	REYNOLDS, RON (Rep.)				\$2,500.00	
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate	
	No	Missouri city, TX 77459				Maturity Date	
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	s)		
	Representative			State of Texas			
	Description of Coll X None	ateral		Check if personal funds were deposited into political account (See Instructions)			
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
	X not applicable	Guarantor address; City;	State;	Zip Code			
Principal occupation			Employer (See Instructions	s)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/53 Rpt: 6/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/26/2025	7-Eleven
6	Amount (\$) \$49.65	7 Payee address; City; State; Zip Code TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/19/2025	823 Congress Parking
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 109 E 9th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/21/2025	823 Congress Parking
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 109 E 9th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/OI	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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/53 Rpt: 7/59	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	-
	06/14/2025	AC Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.95		
		TX	
8	PURPOSE	(a) Category (2) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Travel out of district
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/OI	1	
	Date	Payee name	
	04/10/2025	ALM Digital	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.99		
		TX	
	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
			Digital marketing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	D-4-		
	Date 04/10/2025	Payee name ALM Digital	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00		
		TX	
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Digital marketing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/53 Rpt: 8/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/12/2025	Access Valet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	117 W 4th St
		Austin , TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		1 diking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
	03/21/2025	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 441146
		Somerville, MA 02144
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	03/31/2025	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Contribution
$ldsymbol{ldsymbol{ldsymbol{eta}}}$		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Emportantare to borient 0/01	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal manage Calculula Ed.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/53 Rpt: 9/59	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	06/02/2025	Adrian Garcia Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	P. O. Box 56386
		Houston, TX 77256
		HOUSION, 1A 11230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	06/11/2025	Agent Fee
		5
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	
		TX
_	PURPOSE	(2) Catagoria.
	OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	05/11/2025	Aim Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.22	
	,	
		Parties TV
		Bastrop, TX
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/ Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	Rental Expense Trai Trai Trai ontract Labor OTh	icitation/Fundraising Expense nsportation Equipment & Related Expense vel in District vel Out of District HER (enter a category not listed above)
1	Total pages Schedule F1:	· ·			er ID (Ethics Commission Filers)
1					,
	Sch: 5/53 Rpt: 10/59	Reynolds, Ronald E. (The Honorable)		000	062098
4	Date	5 Payee name			
	01/31/2025	Ambition Strategies			
6	Amount (\$)	7 Payee address; City; State:	Zip Code		
	\$500.00	P. O. Box 56386 Houston, TX 77256	·		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Consulting Expense		Description Check if travel outside of Check if Austin, TX, office Campaign consultin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office sought		Office held
	Date	Payee name			
	05/15/2025	American Caribbean Chamber of Com	merce		
	Amount (\$)	Payee address; City; State:	Zip Code		
	\$1,000.00	11110 Bellaire Blvd	·		
	PURPOSE	Houston, TX 77072	(b) [Description	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee [_ '	f Texas. Complete Schedule T. seholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office held
	Date	Payee name			
	01/27/2025	Angie Wierzbicki Campaign			
	Amount (\$) \$500.00	2311 Creek Meadows	Zip Code		
		Missouri City, TX 77459			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittee [Description Check if travel outside of Check if Austin, TX, office Contribution	f Texas. Complete Schedule T. teholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh		Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (eliter a category not ilsted above)	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 6/53 Rpt: 11/59	Reynolds, Ronald E. (The Honorable)	00062098	
4	Date	5 Payee name	1	
	03/14/2025	Aubrey R. Taylor Communication		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,500.00	6140 Highway 6 South #233		
		Missouri City, TX 77459		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	T Advertising Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Campaign		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	н		
	Date	Payee name		
	03/20/2025	Aubrey R. Taylor Communication		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,500.00 6140 Highway 6 South #233			
		Missouri City, TX 77459		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if training	rel outside of Texas. Complete Schedule T.	
	EXPENDITURE	7 Advertising Expense	stin, TX, officeholder living expense	
		Campaign	advertising	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	06/06/2025	Aubrey R. Taylor Communication		
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6140 Highway 6 South #233		
	Ψ1,000.00	0140 Flighway 0 Sodii #255		
		Missouri City, TX 77459		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Navertising Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Campaign		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	н		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling E nse Printing E Salaries/	Expense Wages/Contract Labo	se r	Travel in District Travel Out of Dis	quipment & Related Expense
_	T. 1 0 1 1 54	a = = = = = 1,1,1,4		explains not to o	ompiete tino form		E". 15	(Filips 0
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/53 Rpt: 12/59	Reynolds, F	Ronald E. (The Hond	orable)			00062098	
4	Date	5 Payee name						
	02/24/2025	B's Wine Ba	ır					
<u>-</u>	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	nde			
•	\$239.79	8770 Hwy 6		State, Zip e	ouc			
8	PURPOSE				(b) December			
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for campaign volunteers				expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office sou	ught		Office he	eld
	Date	Payee name						
	05/24/2025	Bowers for I	Rowlett					
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode			
	\$250.00							
	+ 200.00							
		Rowlett, TX			Ta.			
	PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the top ns/Donations Made Officeholder/Politica	Ву	ı <u>—</u>	ravel outs Austin, TX	ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offi H	ceholder name	Office sou	ught		Office he	eld
	Date	Payee name						
	06/17/2025	Brentwood I	Baptist Church					
	Amount (\$) \$500.00	Payee addres 13033 1/2, 2	ss; City; 13033 Landmark	State; Zip Co	ode			
		Houston, T	〈 77045					
	PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the top IS/Donations Made Officeholder/Politica	Ву	I <u>—</u>	ravel outs	ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offi H	ceholder name	Office sou	<u>l</u> ught		Office he	eld
-	rms provided by Tayas F	thing Committee		athics state tv				Version V4.1.0 f10d0fd8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 8/53 Rpt: 13/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/19/2025	Brooklyn Pizzeria
6	Amount (\$) \$84.99	7 Payee address; City; State; Zip Code Missouri City, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for campaign volunteers
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Chevron
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Chevron
	Amount (\$) \$51.27	Payee address; City; State; Zip Code 503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 9/53 Rpt: 14/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/29/2025	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.05	503 Texas Parkway
		Missouri City , TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Traver in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	02/24/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.81	503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Traver in district
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	03/24/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.00	503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Have III district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/53 Rpt: 15/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/27/2025	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.92	503 Texas Parkway
		Missouri City , TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
		Traver in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	03/30/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.15	503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
		Traver in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	
	Date	Payee name
	05/04/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.15	503 Texas Parkway
		Missouri City , TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LXFLINDITORL	Check if Austin, TX, officeholder living expense
		Travel in district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/W		se s/Contract Labor		OTHER (enter	istrict a category not listed a	bove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 11/53 Rpt: 16/59		Reynolds, R	onald E. (The I	Honorable)					00062098		
4	Date	5	Payee name									
	04/06/2025		Chevron									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$70.32		503 Texas F									
			Missouri Cit	y , TX 77459								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)	Travel In Dis	e Categories listed at	the top of this sche	dule)	(2)	_ :	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Traver in Bio	Striot				Check if Austin,	, TX,	officeholder livin	g expense	
								Travel in distr	rict			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/13/2025		Chevron									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$51.57		503 Texas F	Parkway								
			Missouri Cit	y , TX 77459								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out o		•						mplete Schedule T.	
	LAI LINDITORE							_		officeholder livin	ig expense	
								Travel out of	ais	trict		
_	Complete ONLY if direct	<u> </u>	Condidate/Offi			"				Office le	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	centiquer name	O.	ffice sou	ynı			Office h	ieiu	
_		_										
	Date		Payee name									
	05/06/2025		Chevron									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$70.32		503 Texas F	Parkway								
			Missouri Cit	y , TX 77459								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				ш			nplete Schedule T.	
								Travel in distr		officeholder livin	ig expense	
								. 14.0. 111 41511				
-	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Ot	ffice sou	aht			Office h	ield	
	expenditure to benefit C/OH											
-												
1												

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

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

l	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: 12/53 Rpt: 17/59	Reynolds, Ronald E. (The Honorable) 00062098			
4	Date	5 Payee name			
l	01/16/2025	Constant Contact			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$261.17	1601 Trapelo Road			
l					
l		Waltham, MA 02451			
8	PURPOSE				
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign email service			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experialture to beliefit C/OI	<u> </u>			
	Date	Payee name			
	02/16/2025	Constant Contact			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$261.17	1601 Trapelo Road			
		Waltham, MA 02451			
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Campaign email service			
┡	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
l	Complete ONLY if direct expenditure to benefit C/OI	y			
⊨	<u> </u>				
l	Date	Payee name			
	03/15/2025	Constant Contact			
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$261.17	1601 Trapelo Road			
L		Waltham, MA 02451			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
l		Campaign email service			
		Campaign chair scrives			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash					
ı					

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
ľ	Sch: 13/53 Rpt: 18/59	Reynolds, Ronald E. (The Honorable) 00062098	
L	·		_
4		5 Payee name	
	04/16/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$261.17	1601 Trapelo Road	
		Waltham, MA 02451	
Ļ	DUDD 0.05		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign email service	
		Campaign sinal cornes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
L			_
	Date	Payee name	
	05/16/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$261.17	1601 Trapelo Road	
		Waltham, MA 02451	
┡	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign email service	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	•	
⊨			_
	Date	Payee name	
	06/16/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$271.83	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign email service	
ĺ			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ĺ	expenditure to benefit C/OI		
\vdash			_
ĺ			
L			

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/53 Rpt: 19/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/11/2025	Curb Taxi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.14	
L		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/02/2025	Delta Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$322.48	1030 Delta Boulevard
		Atlanta , TX 30354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/20/2025	Downtown Food Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.32	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for volunteers
		1 ood for volunteers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages The Instruction Guide explains how to comple	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/53 Rpt: 20/59	Reynolds, Ronald E. (The Honorable)	00062098
4	Date	5 Payee name	
	03/31/2025	Downtown Food Houston	
6	Amount (\$) \$97.95	7 Payee address; City; State; Zip Code Houston, TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for volunteers
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/26/2025	Dub Way Foundation	
	Amount (\$) \$501.00	Payee address; City; State; Zip Code Po Box 951 Missouri City, TX 77459	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/03/2025	Dub Way Foundation	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code Po Box 951 Missouri City, TX 77459	
	DUDDOCE	1	Description.
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/53 Rpt: 21/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/07/2025	E&E Transportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	
		El Paso, TX
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
		Travel out of district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2025	EZ Travel Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.73	
		Columbus, TX
	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
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/29/2025	EZ Travel Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.15	
		Columbus, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services 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: 17/53 Rpt: 22/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/26/2025	El Vaquero Resturant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.60	2140 FM 1092 Rd
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for campaign volunteers
		- coa io: campaign rounneoid
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davies wares
	02/03/2025	Payee name El Vaguero Posturant
		El Vaquero Resturant
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.60	2140 FM 1092 Rd
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for campaign volunteers
		1 ood for outspanger volunteere
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Para a same
	Date 05/26/2025	Payee name Event Brite
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.25	95 Third Street
		2nd floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event ticket
		Event donot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/53 Rpt: 23/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/20/2025	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.00	1810 Pearland Pkwy
		Pearland, TX 77581
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
		Traver in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/25/2025	ExxonMobil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$65.00	1810 Pearland Pkwy
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
		Travel in district
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/11/2025	ExxonMobil
H	Amount (\$)	Payee address; City; State; Zip Code
	\$73.59	1810 Pearland Pkwy
		Pearland, TX 77581
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel in district
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Met
Candidate/Officeholder/Political Committee Legal Services
Credit Card Payment

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 con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/53 Rpt: 24/59	Reynolds, Ronald E. (The Honorable)		00062098
4	Date	5 Payee name		<u> </u>
	04/09/2025	ExxonMobil		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$95.63	1810 Pearland Pkwy		
		Pearland, TX 77581		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Travel in district
				Haver in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		grit	Office field
_	Date	Davis roma		
	04/22/2025	Payee name ExxonMobil		
			do	
	Amount (\$) \$72.99	Payee address; City; State; Zip Co 1810 Pearland Pkwy	ue	
	Ψ12.99	1010 Fearland FRWy		
		Doorland TV 77501		
		Pearland, TX 77581		
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
				Travel in district
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	06/16/2025	ExxonMobil		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$40.06	1810 Pearland Pkwy		
		Pearland, TX 77581		
	PURPOSE	<u> </u>	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel in district
	Operation Chilly 2.11	Out like to 10 ff and to 1	1 -	000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 20/53 Rpt: 25/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/21/2025	Forty Plus Models
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	9404 Sunlake Dr
		Pearland, TX 77584
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EX. ENDITORE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/OI	
	Date	Payee name
	05/20/2025	Grady Prestage Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	Po Box 835
	+- ,000.00	
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2025	Gus's World Famous Fried Chicken
	Amount (\$)	Payee address; City; State; Zip Code
	\$478.45	117 San Jacinto Blvd,
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals
		Wicas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/53 Rpt: 26/59	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date 04/05/2025	5 Payee name HEB
6	Amount (\$) \$181.84	7 Payee address; City; State; Zip Code 4724 Hwy 6 Missouri City, TX 77459
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 Food for volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/18/2025	Payee name HEB Gas
	Amount (\$) \$68.27	Payee address; City; State; Zip Code 4724 Hwy 6 Missouri City, TX 77459
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/27/2025	Payee name Handi Plus #369
	Amount (\$) \$93.12	Payee address; City; State; Zip Code
		Stafford, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 22/53 Rpt: 27/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/11/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	4619 Lyons Ave
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	Hilton Houston Post Oak
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	2001 Post Oak Blvd
		Houston, TX 77056
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		raiking
	Operation ONLY if allowed	Our stide to 10 ff as health are are a second to the secon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	02/17/2025	Honey Farms
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.70	
		Missouri City , TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel in district
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Emportant to bottom 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political	Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 23/53 Rpt: 28/59	Reynolds, Ronald E. (The Honorable)		00062098
4 Date	5 Payee name		
06/27/2025	Hungry's Cafe		
6 Amount (\$) \$57.80	7 Payee address; City; State; Zip Co	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	l <u>—</u>	outside of Texas. Complete Schedule T. TX, officeholder living expense nteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
02/25/2025	IAH Parking		
Amount (\$) \$75.00	Payee address; City; State; Zip Co	ode	
	TX	Las	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	I 	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ıght	Office held
Date	Payee name		
06/13/2025	IAH Parking		
Amount (\$) \$90.00	Payee address; City; State; Zip Co	ode	
	TX		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	I <u>—</u>	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ught	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/53 Rpt: 29/59	Reynolds, Ronald E. (The Honorable)		00062098
4	Date	5 Payee name		<u> </u>
	03/11/2025	lhop		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$26.74			
		тх		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
9	expenditure to benefit C/O		grit	Office field
_	Data			
	Date 02/25/2025	Payee name JW Marriott		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$987.95	900 W Olympic Blvd		
		Los Angeles, CA 90015		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	-1		
	Date	Payee name		
	03/09/2025	Jalapeno's Mexican Restaurant		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$49.27	,		
		TX		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(1)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oou/beverage Expense		Check if Austin, TX, officeholder living expense
				Food for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	ר 		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: 25/53 Rpt: 30/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/03/2025	Jasmine Crockett for Congress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 227235
		Dallas, TX 75222
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2025	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.04	10225 Research Blvd
		Suite 1010
		Austin, TX 78759
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/20/2025	Levine, Burt
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9600 Glenfield Court
	+=	
		Houston, TX 77096
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 26/53 Rpt: 31/59	2 FILER NAME Reynolds, Ronald E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062098
4	Date	5 Payee name
	05/20/2025	Los Gallitos Mexican Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.13	12030 Murphy Rd
		Houston, TX 77031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Food for volunteers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	Data	
	Date	Payee name
	02/20/2025	Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Mouton for Mayor
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	
		Braumont, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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 File	rs)
	Sch: 27/53 Rpt: 32/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
L	02/13/2025	NACCP Houston	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,250.00	2002 Wheeler Ave	
		Houston, TX 77004	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/09/2025	National Black Caucus of State Legislators Conference	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	444 North Capitol Street, NW, Suite 622	
		Washington, DC 20001	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Dues	
_	Complete ONII V if allower	Condidate/Officeholder name Office serials	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Dete	Гъ	
	Date	Payee name	
	01/07/2025	Next Wave Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2339 Commerce St suite 213	
L		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Campaign consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/53 Rpt: 33/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/04/2025	Next Wave Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2339 Commerce St suite 213
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
		Campaign consuming
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	03/04/2025	Next Wave Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2339 Commerce St suite 213
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		Campaign consuming
_	Compulate ONLY if direct	Condidate/Officeholder name Office parett
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/03/2025	Next Wave Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2339 Commerce St suite 213
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign consulting
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a extraory and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/53 Rpt: 34/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/03/2025	Next Wave Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$311.61	2339 Commerce St suite 213
L		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign consulting
		Campaign concatting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	04/04/2025	Next Wave Strategies
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2339 Commerce St suite 213
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		Campaign consulting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Data	Para and a second
	Date 05/11/2025	Payee name Next Waye Strategies
		Next Wave Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2339 Commerce St suite 213
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign consulting
		Campaign consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	Il 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: 30/53 Rpt: 35/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/07/2025	One Stop
6	Amount (\$) \$32.15	7 Payee address; City; State; Zip Code Missouri City, TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	04/15/2025	Pappadeaux Seafood Kitchen
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$126.90	9815 Bissonnet at Centre
		Houston , TX 77036
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for volunteers
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	06/28/2025	ParkWhiz
	Amount (\$) \$19.25	Payee address; City; State; Zip Code
L		TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	d 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: 31/53 Rpt: 36/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	01/15/2025	Parking Management
6	Amount (\$) \$18.41	7 Payee address; City; State; Zip Code TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/07/2025	Paypal
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131
┝	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant service fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/04/2025	Paypal
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2211 N First St
		San Jose, CA 95131
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 32/53 Rpt: 37/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/17/2025	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2211 N First St
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant fees
		Wicronant lees
Ļ	Commiste ONII V if diseast	Condidate/Officeholder news Office south
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	02/27/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2211 N First St
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		1 663
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
L		
	Date	Payee name
	03/04/2025	Paypal
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	2211 N First St
		San Jose, CA 95131
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		fees
L	Orangleta Chilly iii	Overskidete (Office healther a conse
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1: Sch: 33/53 Rpt: 38/59	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4	Date 03/18/2025	5 Payee name Paypal	
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 2211 N First St	
8	PURPOSE OF EXPENDITURE	Fees	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/03/2025	Payee name Paypal	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Des	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense erchant fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 01/18/2025	Payee name Post Net	
	Amount (\$) \$256.01	Payee address; City; State; Zip Code 6140 Highway 6 South	
		Missouri City, TX 77459	
	PURPOSE OF EXPENDITURE	Printing Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense inting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 34/53 Rpt: 39/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/27/2025	Post Net
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$396.93	6140 Highway 6 South
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/05/2025	Reptick Oshawa
H	Amount (\$)	Payee address; City; State; Zip Code
	\$753.00	
		Houston, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office art
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/28/2025	Rick Garcia Campaign
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	9711 Mason Rd Ste 125-287
		Richmond, TX
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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 Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/53 Rpt: 40/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/12/2025	Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.71	701 Congress Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2025	Roaring Fork
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.29	701 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/14/2025	Rodney Ellis Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 56386
	+ =,000.00	
		Houston , TX 77256
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/53 Rpt: 41/59 Reynolds, Ronald E. (The Honorable) 00062098 4 Date Payee name 06/23/2025 SAFE Diversity Communities 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 505 N Sam Houston Pkwy E Suite #448 Houston, TX 77090 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2025 Search Manipulator Amount (\$) Payee address; City; State; Zip Code \$1,500.00 170 King St Unit 601 San Francisco, CA 94107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2025 Shay Wyrick Cathey Campaign Amount (\$) Payee address: City: State; Zip Code \$250.00 Dallas, TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Reynolds, Ronald E. (The Honorable) 00062098
5 Payee name
Shell Oil
7 Payee address; City; State; Zip Code
13747 Southwest Fwy
Sugar Land, TX 77478
(a) Category (See Categories listed at the top of this schedule) (b) Description
Travel In District Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Travel in district
Traver in district
Candidate/Officeholder name Office sought Office held
Candidate/Onice holder hame Onice sought Onice held
Payee name
Shell Oil
Payee address; City; State; Zip Code
13747 Southwest Fwy
Sugar Land, TX 77478
(a) Category (See Categories listed at the top of this schedule) (b) Description
Travel In District Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Travel in district
Travel in district
Candidate/Officeholder name Office sought Office held
Candidate/Onice holder hame Onice sought Onice held
Payee name
Shell Oil
Payee address; City; State; Zip Code
13747 Southwest Fwy
Sugar Land, TX 77478
-
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district Candidate/Officeholder name Office sought Office held
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/53 Rpt: 43/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/01/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.51	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Travor in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/04/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.00	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/08/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.69	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Traver in district
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense 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: 39/53 Rpt: 44/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	02/15/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.82	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel in district
		Traver in district
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/28/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.06	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel out of district
		Travel out of district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/03/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.63	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel in district
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total names Oct 11 51		_
1	Total pages Schedule F1:		
L	Sch: 40/53 Rpt: 45/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	03/05/2025	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$90.36	13747 Southwest Fwy	
	Ψ30.30	13747 SouthWest I wy	
		Sugar Land, TX 77478	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Travel in district	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	Н	
H	Date	Payee name	=
	03/14/2025	Shell Oil	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$87.05	13747 Southwest Fwy	
		Sugar Land, TX 77478	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel out of district	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	y	
\vdash	Data		_
	Date	Payee name	
	03/18/2025	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.58	13747 Southwest Fwy	
		Sugar Land, TX 77478	
H	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Travel in district	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OH		
	•		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/53 Rpt: 46/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	04/15/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.22	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experientare to benefit 6/6	<u> </u>
	Date	Payee name
	04/27/2025	Shell Oil
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$83.40	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Data	
	Date 05/21/2025	Payee name
L		Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.99	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel in district
\vdash	0 1, 2, 2, 2, 2, 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/53 Rpt: 47/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	05/28/2025	Shell Oil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.00	13747 Southwest Fwy
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel in district
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/15/2025	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.44	13747 Southwest Fwy
		Sugar Land, TX 77478
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in district
		That is an electrical and the el
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/20/2025	Sienna Grande Shops
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$83.29	2822 Sienna Pkwy,
	φου.29	2022 Sicilia i Nwy,
		Microuri City, TV 774E0
		Missouri City, TX 77459
	PURPOSE OF	(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.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/53 Rpt: 48/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/22/2025	Sienna Grande Shops
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.78	2822 Sienna Pkwy,
		Missouri City, TX 77459
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense Food for campaign meeting
		1 ood for earripaigh meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	06/16/2025	Sienna Grande Shops
_	Amount (\$)	Payee address; City; State; Zip Code
	\$84.89	2822 Sienna Pkwy,
	\$04.09	2022 Sietilia Frwy,
		Missessi Oita TV 77450
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/28/2025	Sienna Grande Shops
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.37	2822 Sienna Pkwy,
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Food for campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 44/53 Rpt: 49/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	06/30/2025	Sienna Grande Shops
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.29	2822 Sienna Pkwy,
		Missouri City, TX 77459
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for campaign meeting
		1 ood for earlipaigh meeting
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	South Main Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.36	
		Houston, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for volunteers
		1 dou for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
	06/05/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$634.97	2702 Love Field Dr Dallas
		Dallas, TX 75235
	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
		Travel out of district
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/53 Rpt: 50/59 Reynolds, Ronald E. (The Honorable) 00062098 4 Date Payee name 04/23/2025 Suburban Sugar Land Women 6 Amount (\$) Payee address; State; Zip Code \$500.00 Post Office Box 2384 Sugar Land, TX 77487 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/03/2025 Super 6 Buffet Amount (\$) Payee address; City; State; Zip Code \$68.42 5425 Hwy 6 Missouri City, TX 77459 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2025 T-Mobile Amount (\$) Payee address: City: State; Zip Code 6947 Gall Blvd \$43.29 Zephyrhills, FL 33542 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		_
_	Sch: 46/53 Rpt: 51/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	_
	02/18/2025	T-Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$269.54	6947 Gall Blvd	
		Zephyrhills, FL 33542	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Phone service	
		155 5555	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
_	expenditure to benefit C/OI		
	Date	Payee name	
	03/02/2025	T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$270.63	6947 Gall Blvd	
		Zephyrhills, FL 33542	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Phone service	
		Thome service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	03/23/2025	T-Mobile T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$255.10	6947 Gall Blvd	
		Zephyrhills, FL 33542	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Phone service	
		1 Hone service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
			_

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manus Oct 11 51	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:)
L	Sch: 47/53 Rpt: 52/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	04/23/2025	T-Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$259.90	6947 Gall Blvd	
	Ψ233.30	0347 Gail Biva	
		Zephyrhills, FL 33542	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Phone service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
H	Date	Davido namo	_
		Payee name T. Mabile	
	05/24/2025	T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$259.90	6947 Gall Blvd	
		Zephyrhills, FL 33542	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Phone service	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	o	
	•		
	Date	Payee name	
	06/24/2025	T-Mobile	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$259.90	6947 Gall Blvd	
	,		
		Zophyrbille El 22542	
		Zephyrhills, FL 33542	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Phone service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	IT.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/53 Rpt: 53/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
	03/18/2025	Texas Campaigns
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 9600 Glenfield Court
L		Houston, TX 77096
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/24/2025	Texas Campaigns
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 9600 Glenfield Court
		Houston, TX 77096
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	Texas Democratic Woman
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 301411
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 49/53 Rpt: 54/59	Reynolds, Ronald E. (The Honorable) 00062098
4	Date	5 Payee name
L	03/05/2025	Texas Energy and Climate Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
L		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/22/2025	Texas Gulf Coast Central Labor Council AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2506 Sutherland St.
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/10/2025	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1100 Congress Ave
	Ψ-100.00	1100 Gongress / We
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dues
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 50/53 Rpt: 55/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	_
	04/03/2025	Texas Legislative Study Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,030.00	PO Box 12943	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Dues	
		- Bucs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
_	Date	Payee name	=
	03/13/2025	The Stephen F. Austin Royal Sonesta Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,339.26	701 Congress Ave	
	, ,		
		Austin , TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lodging	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
_	Data		_
	Date 04/02/2025	Payee name Torre	
		1919	
	Amount (\$) \$1,406.95	Payee address; City; State; Zip Code 2020 Nueces St	
	Ψ1,400.55	2020 Nucces St	
		Austin, TX 78705	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lodging	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01	·• 	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	-	e this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers	 s)
Sch: 51/53 Rpt: 56/59	Reynolds, Ronald E. (The Honorable)		00062098	,
4 Date	5 Payee name		'	
05/03/2025	Torre			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,406.95	2020 Nueces St			
. ,				
	Austin, TX 78705			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description	
OF	Travel Out of District	l`´Ē	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
		-	Lodging	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held	
experientare to benefit 6/0				
Date	Payee name			
06/02/2025	Torre			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1,406.95	2020 Nueces St			
	Austin, TX 78705			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description	
OF	Travel Out of District	l`´Ē	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
		L	Lodging	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held	
experiantary to benone 970				
Date	Payee name			
06/13/2025	United Airlines			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$335.99	77 West Wacker Drive,			
	Chicago, IL 60601			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description	
OF	Travel Out of District		X Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
		T	Γravel out of district	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
expenditure to benefit C/O				

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 52/53 Rpt: 57/59	Reynolds, Ronald E. (The Honorable)		00062098
4	Date	5 Payee name		•
	01/25/2025	Valero		
6	Amount (\$) \$82.21	7 Payee address; City; State; Zip Co	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sout	ght	Office held
	Date	Payee name		
	03/21/2025	Valero		
	Amount (\$) \$67.00	Payee address; City; State; Zip Co	de	
		TX		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in distict
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ght	Office held
	Date	Payee name		
	04/11/2025	Valero		
	Amount (\$) \$75.25	Payee address; City; State; Zip Co	de	
		тх		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in district
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 53/53 Rpt: 58/59	Reynolds, Ronald E. (The Honorable) 00062098	
4	Date	5 Payee name	
	04/04/2025	Woodspring Suites	
6	Amount (\$) \$55.98	7 Payee address; City; State; Zip Code Austin , TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/11/2025	World Youth Foundation	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2020 Hermann Dr Houston, TX 77004	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	

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

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 59/59				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	d E. (The Honorable)	00062098				
	or / Corporation or Labor Organization / Pledgor /Payee					
Delta Airlines						
5 Contribution / Expe	enditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling					
	Reynolds, Ron (Rep.)					
	8 Departure city or name of departure location					
03/07/2025	Houston					
	Destination city or name of destination location					
03/07/2025	Atlanta					
10 Means of transport	tation 11 Purpose of travel (including name of conference, seminar, or	other event)				
Commercial Airp	lane Travel to 60th Anniversary of Voting Rights March					
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee					
United Airlines						
Contribution / Expe	enditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling					
	Reynolds, Ron (Rep.)					
	Departure city or name of departure location					
06/10/2025	Houston					
	Destination city or name of destination location					
06/13/2025	Washington DC					
Means of transport	tation Purpose of travel (including name of conference, seminar, or	other event)				
Commercial Airp	lane NBCSL Legislative Meeting at Capitol Hill					
	<u>-</u>					