

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062098	<b>2</b> Total pages filed: 135								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Ronald E.</td> <td style="width: 40%;">MI </td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Ronald E.	MI 	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026					
	MS / MRS / MR The Honorable	FIRST Ronald E.	MI 								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Reynolds</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Reynolds	SUFFIX							
NICKNAME	LAST Reynolds	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6140 Hwy. 6 South, Ste. 233  Missouri City, TX 77459-3802		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 30%;">FIRST Ronald E.</td> <td style="width: 40%;">MI </td> </tr> </table>			MS / MRS / MR	FIRST Ronald E.	MI 					
	MS / MRS / MR	FIRST Ronald E.	MI 								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Reynolds</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Reynolds	SUFFIX						
NICKNAME	LAST Reynolds	SUFFIX									
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6140 Highway 6 South #233  Missouri City, TX 77459										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 721-2667										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
<b>9</b> PERIOD COVERED	Month Day Year                      Month Day Year 07/01/2025                      THROUGH                      12/31/2025										
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">                             ELECTION DATE                              Month Day Year                              03/03/2026                         </td> <td style="width: 60%;">                             ELECTION TYPE  <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other  <input type="checkbox"/> General      <input type="checkbox"/> Special                         </td> </tr> </table>			ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special						
	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special									
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 27										
	<b>12</b> OFFICE SOUGHT (if known) State Representative District 27										

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Reynolds, Ronald E. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062098
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
		<b>COMMITTEE ADDRESS</b>	
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45,099.56
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 63,014.95
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,502.95
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 77,784.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Ronald E. Reynolds  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering	Printed name of officer administering	Title of officer administering oath
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**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Reynolds, Ronald E. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00062098
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,176.48
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,923.08
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 22,800.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 63,014.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/58 Rpt: 4/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Tyler <hr/> <b>6</b> Contributor address; City; State; Zip Code  Madison, AL 35756	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Red team		<b>9</b> Employer (See Instructions) Ibm
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet <hr/> Contributor address; City; State; Zip Code  Brookline, MA 02445	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Ovidio <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$1,005.00
Principal occupation / Job title (See Instructions) Ex. VP		Employer (See Instructions) Entech
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arons, Andrew <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90017	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) N/A
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF RAIL PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76161	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/58 Rpt: 5/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babiarz, Carolyn <b>6</b> Contributor address; City; State; Zip Code  Wilmington, DE 19803	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary Contributor address; City; State; Zip Code  Sunnyvale, CA 94087	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Gary Contributor address; City; State; Zip Code  Sunnyvale, CA 94087	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, LaJuan Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$505.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) LaJuan Bailey
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, LaJuan Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) General Contractor		Employer (See Instructions) LaJuan Bailey

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/58 Rpt: 6/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bankert, Keith <hr/> <b>6</b> Contributor address; City; State; Zip Code  Milwaukee, WI 53211	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) tutor		<b>9</b> Employer (See Instructions) Keith Bankert LLC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bardin, Robert <hr/> Contributor address; City; State; Zip Code  New York, NY 10025	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Bookbinder		Employer (See Instructions) self
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barndt, Patricia <hr/> Contributor address; City; State; Zip Code  Harleysville, PA 19438	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes-Henson, Kimberley <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Real Estate Professionals		Employer (See Instructions) KBH Signature Realty Group
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Michael <hr/> Contributor address; City; State; Zip Code  Huntington Beach, CA 92648	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Acer

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/58 Rpt: 7/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Trent <hr/> Contributor address; City; State; Zip Code  Clifton, VA 20124	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biks, Centis <hr/> Contributor address; City; State; Zip Code  Redmond, WA 98052	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Microsoft
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bizzell, Sandra <hr/> Contributor address; City; State; Zip Code  Warrensville Hts., OH 44128	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaue, Elizabeth <hr/> Contributor address; City; State; Zip Code  Charlton, MA 01507	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Analyst/Programmer		Employer (See Instructions) Quinsigamond Community College

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/58 Rpt: 8/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Organizer		<b>9</b> Employer (See Instructions) AFT of Texas
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William Contributor address; City; State; Zip Code  sugar land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William Contributor address; City; State; Zip Code  sugar land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William Contributor address; City; State; Zip Code  sugar land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) AFT of Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/58 Rpt: 9/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  sugar land, TX 77478	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Organizer		<b>9</b> Employer (See Instructions) AFT of Texas
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohn, Gary <hr/> Contributor address; City; State; Zip Code  Boulder, CO 80301	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohr, Eric <hr/> Contributor address; City; State; Zip Code  Castro Valley, CA 94552	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolnick, Patty <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87114	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolnick, Patty <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87114	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/58 Rpt: 10/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borkowski, Elizabeth <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20009	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) researcher		<b>9</b> Employer (See Instructions) George Washington University
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosh, Joni Contributor address; City; State; Zip Code  Bainbridge Island, WA 98110	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) NW Energy Coalition
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky Contributor address; City; State; Zip Code  Sugar Land, TX 77498	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Alief ISD
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breaux, Darlene Contributor address; City; State; Zip Code  Houston, TX 77083	Amount of Contribution (\$)  \$205.00
Principal occupation / Job title (See Instructions) Educational Leadership		Employer (See Instructions) Abilene Christian University
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslin, Grogory Contributor address; City; State; Zip Code  Sandy Creek, TX 13145	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/58 Rpt: 11/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37206	<b>7</b> Amount of Contribution (\$)  \$3.12
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Winsome <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) San Jac
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotman, David <hr/> Contributor address; City; State; Zip Code  Fair Oaks, CA 95628	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Conrell <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Brown Law Group
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Conrell <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Brown Law Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/58 Rpt: 12/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Conrell <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) The Brown Law Group
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Koretta <hr/> Contributor address; City; State; Zip Code  Missouri, TX 77035	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bridges To Empowerment
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnham, Pamela <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlle <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77489	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, Phyllis Rose <hr/> Contributor address; City; State; Zip Code  Loveland, OH 45140	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/58 Rpt: 13/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002089 ) CWA-COPE PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20001	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Cannaday, Mary <hr/> Contributor address; City; State; Zip Code  Bartow, FL 33830	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Peace River Center
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Cantu Aleman, Samantha <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78245	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Pre—K Assistant		Employer (See Instructions) Northside Independent School District
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Castell, Linda <hr/> Contributor address; City; State; Zip Code  Bow, WA 98232	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Chatman-Rose, Tramaine <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/58 Rpt: 14/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chipps, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ava, MO 65608	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chirlin, Gary <hr/> Contributor address; City; State; Zip Code  Derwood, MD 20855	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jo <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouser, Joel (Judge) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Fort Bend County
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clouser, Lynn <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) TXVWI

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/58 Rpt: 15/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Kat <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$3.12
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Fort Bend ISD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colter, DAngelo <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$3.02
Principal occupation / Job title (See Instructions) Policy Analysts		Employer (See Instructions) Travis County Commissioners Court Precinct One
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Jacob <hr/> Contributor address; City; State; Zip Code  Studio City, CA 91604	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comcast Corporation & NBC Universal PAC <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19013	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke-Holmes, Elsie <hr/> Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$)  \$205.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/58 Rpt: 16/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corelli, Aileen <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$3.37
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corrado, Joseph <hr/> Contributor address; City; State; Zip Code  East Freedom, PA 16637	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carihfield, Samuel <hr/> Contributor address; City; State; Zip Code  Watertown, MA 02472	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Buckingham Browne & Nichols School
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criner, Walter <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Michael <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/58 Rpt: 17/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cucina, Glenn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ellicott City, MD 21042	<b>7</b> Amount of Contribution (\$)  \$1.25
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dampf, Ethan <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90019	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Degree Inc.
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darr, Anthony <hr/> Contributor address; City; State; Zip Code  MARYSVILLE, WA 98270	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The Boeing Company
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, April <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Jean <hr/> Contributor address; City; State; Zip Code  Hoquiam, WA 98550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/58 Rpt: 18/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sultan, WA 98294	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Patrick <hr/> Contributor address; City; State; Zip Code  Lizella, GA 31052	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Debra <hr/> Contributor address; City; State; Zip Code  Texico, IL 62889	Amount of Contribution (\$)  \$31.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Patricia <hr/> Contributor address; City; State; Zip Code  Indianapolis, IN 46219	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Aaron <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/58 Rpt: 19/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downey, Andrea <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77288	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncanson, Bobby <hr/> Contributor address; City; State; Zip Code  Stoughton, WI 53589	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Grocery Clerk		Employer (See Instructions) Kroger
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, David <hr/> Contributor address; City; State; Zip Code  New York, NY 10023	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Alexa <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Doctor Physical Therapy		Employer (See Instructions) Memorial Hermann
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elledge, Patti <hr/> Contributor address; City; State; Zip Code  Asheville, NC 28805	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) therapist		Employer (See Instructions) self employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/58 Rpt: 20/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77005	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Commissioner		<b>9</b> Employer (See Instructions) Harris County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emmerich, Christopher <hr/> Contributor address; City; State; Zip Code  Folsom, CA 95630	Amount of Contribution (\$)  \$31.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erman, Robert <hr/> Contributor address; City; State; Zip Code  Bridgeport, CT 06604	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evers, Pamela <hr/> Contributor address; City; State; Zip Code  McKinney, TX 75070	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Attorney & Prof.		Employer (See Instructions) The Evers Law Firm PLLC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Federici, Domenico <hr/> Contributor address; City; State; Zip Code  Asbury, NJ 08802	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/58 Rpt: 21/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feeley, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02130	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feil, Vicki <hr/> Contributor address; City; State; Zip Code  Ossian, IN 46777	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felix, Delores <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77489	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Anne <hr/> Contributor address; City; State; Zip Code  Eleva, WI 54738	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Y <hr/> Contributor address; City; State; Zip Code  Del Rio, TX 78840	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/58 Rpt: 22/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Roberta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Newton Centre, MA 02459	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedenthal, Ronald <hr/> Contributor address; City; State; Zip Code  Los Altos, CA 94024	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, William <hr/> Contributor address; City; State; Zip Code  Hancock, MI 49930	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner Sr, Richard <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60620	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Robert <hr/> Contributor address; City; State; Zip Code  Fresno, TX 77494	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/58 Rpt: 23/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Cathy <b>6</b> Contributor address; City; State; Zip Code  Eagle, ID 83616	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Nicholas Contributor address; City; State; Zip Code  Fort Lee, NJ 07024	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Don Contributor address; City; State; Zip Code  Sebastopol, CA 95472	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Catharine Contributor address; City; State; Zip Code  Apalachicola, FL 32320	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME-PAC Greater Houston Builders Association Contributor address; City; State; Zip Code  Houston, TX 77064	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/58 Rpt: 24/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAAC of Texas - Texas Association of Builders <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Lanita <hr/> Contributor address; City; State; Zip Code  Houston, TX 77068	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Dosier <hr/> Contributor address; City; State; Zip Code  Princeton, NJ 08542-3148	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Patrick <hr/> Contributor address; City; State; Zip Code  Boise, ID 83703	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Production Operator		Employer (See Instructions) RC Bigelow



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/58 Rpt: 25/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sacramento, CA 95825	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah <hr/> Contributor address; City; State; Zip Code  Silver Spring, MD 20902	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BuzzWord Inc.
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Leotis <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland and Knight Texas PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Katherine <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48104	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/58 Rpt: 26/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alicia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77489	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Healthcare		<b>9</b> Employer (See Instructions) Hospital
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence <hr/> Contributor address; City; State; Zip Code  Louisville, KY 40219	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyt, Larry <hr/> Contributor address; City; State; Zip Code  Westminster, CO 80031	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulse, Donald <hr/> Contributor address; City; State; Zip Code  Shelton, WA 98584	Amount of Contribution (\$)  \$1.64
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyatt, Ronaldab <hr/> Contributor address; City; State; Zip Code  Saint Petersburg, FL 33743	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Registered Representative		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/58 Rpt: 27/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00027342 ) IBEW PAC Voluntary Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Isis, Melanie <hr/> Contributor address; City; State; Zip Code  Silver Spring, MD 20910	Amount of Contribution (\$)  \$2.05
Principal occupation / Job title (See Instructions) Gardener		Employer (See Instructions) Self
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Jefferson, Robertine <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Johnson, B. Brown <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77489	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Johnson, BJ <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/58 Rpt: 28/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jacalyn <b>6</b> Contributor address; City; State; Zip Code  Eugene, OR 97404	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Melinda Contributor address; City; State; Zip Code  Ventura, CA 93001	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) arbitrator/mediator		Employer (See Instructions) Self
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nikeyla Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson Law Firm
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnstone, Andrew Contributor address; City; State; Zip Code  Visalia, CA 93291	Amount of Contribution (\$)  \$3.75
Principal occupation / Job title (See Instructions) CLS		Employer (See Instructions) Kaweah Health Care District
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolly, Sandra Contributor address; City; State; Zip Code  Port Saint Lucie, FL 34952	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/58 Rpt: 29/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Roseville, CA 95747	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce, Michael <hr/> Contributor address; City; State; Zip Code  Falls Church, VA 22042	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Booz Allen Hamilton
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kacmar, Richard <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92105	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalaga, Sharat <hr/> Contributor address; City; State; Zip Code  Sugarland, TX 77479	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karp, Eleanor <hr/> Contributor address; City; State; Zip Code  West Roxbury, MA 02132	Amount of Contribution (\$)  \$7.50
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/58 Rpt: 30/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kato, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60625	<b>7</b> Amount of Contribution (\$)  \$3.12
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeler, Brice <hr/> Contributor address; City; State; Zip Code  Hood River, OR 97031	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Birdie <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, JaPaula <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Justice of Peace		Employer (See Instructions) Fort Bend County
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ayesha <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Director FB MUD		Employer (See Instructions) FB COUNTY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/58 Rpt: 31/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ayesha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Director FB MUD		<b>9</b> Employer (See Instructions) FB COUNTY
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ayesha <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Director FB MUD		Employer (See Instructions) FB COUNTY
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik <hr/> Contributor address; City; State; Zip Code  Houston, TX 77242	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolb, Barbara <hr/> Contributor address; City; State; Zip Code  PHOENIX, AZ 85050	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kommineni, Sunil <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/58 Rpt: 32/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wayne, NJ 07470	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) College Professor		<b>9</b> Employer (See Instructions) American University
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulinski, juel <hr/> Contributor address; City; State; Zip Code  Nipomo, CA 93444	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) heartland charter school
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Theodore <hr/> Contributor address; City; State; Zip Code  El Cerrito , CO 94530	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampka, Joseph P <hr/> Contributor address; City; State; Zip Code  Fleming Island, FL 32003	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampley, Curtis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/58 Rpt: 33/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Investment Consultant		<b>9</b> Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapio, Cindy <hr/> Contributor address; City; State; Zip Code  san diego, CA 92105	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Martha <hr/> Contributor address; City; State; Zip Code  La Pine, OR 97739	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David <hr/> Contributor address; City; State; Zip Code  Chester, NJ 07930	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) UPS
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Mary <hr/> Contributor address; City; State; Zip Code  Wilsonville, OR 97070	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/58 Rpt: 34/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Nick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rochester, MN 55906	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Librarian		<b>9</b> Employer (See Instructions) Mayo Clinic
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leinung, Mark <hr/> Contributor address; City; State; Zip Code  Valatie, NY 12184	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Joseph <hr/> Contributor address; City; State; Zip Code  Davis, CA 95616	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levingston-Franklin, Karen <hr/> Contributor address; City; State; Zip Code  Houston, TX 77035	Amount of Contribution (\$)  \$105.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Mary <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/58 Rpt: 35/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libbey, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98122	<b>7</b> Amount of Contribution (\$)  \$1.02
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) self
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP <hr/> Contributor address; City; State; Zip Code  Austin, TX 78760	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Karen <hr/> Contributor address; City; State; Zip Code  West Hartford, CT 06107	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) T-Mobile
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Kathleen <hr/> Contributor address; City; State; Zip Code  Westminster, CO 80030	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marceau, Cheryl <hr/> Contributor address; City; State; Zip Code  Arlington, MA 02474	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/58 Rpt: 36/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin, Lynda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) climate justice philanthropy		<b>9</b> Employer (See Instructions) Fund for Nonviolence
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, John <hr/> Contributor address; City; State; Zip Code  Tallahassee, FL 32312	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Paula <hr/> Contributor address; City; State; Zip Code  Guilford, VT 05301	Amount of Contribution (\$)  \$3.75
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Catherine <hr/> Contributor address; City; State; Zip Code  Madison, WI 53705	Amount of Contribution (\$)  \$3.75
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UW Madison
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Catherine <hr/> Contributor address; City; State; Zip Code  Madison, WI 53705	Amount of Contribution (\$)  \$3.75
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UW Madison

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/58 Rpt: 37/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masterson, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aurora, CO 80016	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattocks, Danna <hr/> Contributor address; City; State; Zip Code  Raleigh, NC 27609	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) GSK
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Robert <hr/> Contributor address; City; State; Zip Code  Hillsboro, NH 03244	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) YouGov
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Eric <hr/> Contributor address; City; State; Zip Code  Fayetteville, NC 28306	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dental hygienist		Employer (See Instructions) Commwell
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel Cummings, Jan <hr/> Contributor address; City; State; Zip Code  Leominster, MA 01453	Amount of Contribution (\$)  \$3.37
Principal occupation / Job title (See Instructions) Associate part-time		Employer (See Instructions) Johnson Consulting Services

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/58 Rpt: 38/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDole, Gary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Berkeley, CA 94701	<b>7</b> Amount of Contribution (\$)  \$2.37
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuireWoods PAC <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKellar, Shirley <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75702	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Gary <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78222	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck PAC <hr/> Contributor address; City; State; Zip Code  Washington , DC 20004	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/58 Rpt: 39/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merrifield, Donna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Monument, CO 80132	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions) none
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaud, John-Paul <hr/> Contributor address; City; State; Zip Code  Hays, KS 67601	Amount of Contribution (\$)  \$1.67
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) K-State U
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shanley <hr/> Contributor address; City; State; Zip Code  San Diego, CA 92116	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) UC San Diego
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90027	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moilanen, Erin <hr/> Contributor address; City; State; Zip Code  Santa Rosa, CA 95404	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) Santa Rosa Community Health Centers

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/58 Rpt: 40/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Christina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hillsboro, OR 97123	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Multnomah Art Center (currently closed due to covid)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Suzan <hr/> Contributor address; City; State; Zip Code  Manhattan, NY 10025	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Debbie <hr/> Contributor address; City; State; Zip Code  Charlotte, NC 28277	Amount of Contribution (\$)  \$1.67
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Microsoft
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Joanna <hr/> Contributor address; City; State; Zip Code  Woodstown, NJ 08098	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) EA		Employer (See Instructions) OOI
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Arnetta <hr/> Contributor address; City; State; Zip Code  Rosharion, TX 77583	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hisd



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/58 Rpt: 41/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Arnetta <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rosharion, TX 77583	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Hisd
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Arnetta <hr/> Contributor address; City; State; Zip Code  Rosharion, TX 77583	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hisd
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musto, Fa <hr/> Contributor address; City; State; Zip Code  Ada, MI 49301	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Gail <hr/> Contributor address; City; State; Zip Code  Ewing, NJ 08637	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Therese <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60615	Amount of Contribution (\$)  \$8.19
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/58 Rpt: 42/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Netherly, Jeramaine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77252	<b>7</b> Amount of Contribution (\$)  \$205.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) KPMG LLP
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Neil <hr/> Contributor address; City; State; Zip Code  Sherman Oaks, CA 91423	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Sales/Marketing		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Mara, Marc <hr/> Contributor address; City; State; Zip Code  Pagosa Springs, CO 81147	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okeke, Edna <hr/> Contributor address; City; State; Zip Code  Missouri City, TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/58 Rpt: 43/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivier, Raquel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Olivier Inc
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Sharon <hr/> Contributor address; City; State; Zip Code  Wantagh, NY 11793	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Cashier supervisor		Employer (See Instructions) King Kullen
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Gary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peloquin, Barbara <hr/> Contributor address; City; State; Zip Code  Evanston, IL 60201-3010	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Andrew <hr/> Contributor address; City; State; Zip Code  Hillsboro, WI 54634	Amount of Contribution (\$) \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/58 Rpt: 44/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinksa, Megan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Service Coordinator		<b>9</b> Employer (See Instructions) Integris
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Carolyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77053	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prestage, James Grady <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$1,005.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Fort Bend County
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prestage, James Grady <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Fort Bend County
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Darren <hr/> Contributor address; City; State; Zip Code  Romeoville, IL 60446	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/58 Rpt: 45/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN, BARRY <b>6</b> Contributor address; City; State; Zip Code  STORMVILLE, NY 12582	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radan, Richard Contributor address; City; State; Zip Code  Fair Oaks, CA 95628	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragsdale, Clay Contributor address; City; State; Zip Code  Mountain Brook, AL 35213	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clay Ragsdale
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raphael, Sharon Contributor address; City; State; Zip Code  Long Beach, CA 90808	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, David Contributor address; City; State; Zip Code  Edwards, CO 81632	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/58 Rpt: 46/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Carol <hr/> Contributor address; City; State; Zip Code  Manchester, NH 03104	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Dennie <hr/> Contributor address; City; State; Zip Code  Rio Vista, CA 94571	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Michael <hr/> Contributor address; City; State; Zip Code  Boulder City, NV 89006	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodine, Richard <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/58 Rpt: 47/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brookline, MA 02445	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) realtor		<b>9</b> Employer (See Instructions) hammond real estate
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$105.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sorrels Law
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saadati, Sylvia <hr/> Contributor address; City; State; Zip Code  Oak Island, NC 28465	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sajjad, Eddie <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Emily <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/58 Rpt: 48/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Vincent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77071	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Systems Planner		<b>9</b> Employer (See Instructions) Houston METRO
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Louis <hr/> Contributor address; City; State; Zip Code  Queens, NY 11355	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sayresmith, Nick <hr/> Contributor address; City; State; Zip Code  Waxhaw, NC 28173	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) UNC - Charlotte
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scanks, Eileen <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Relia <hr/> Contributor address; City; State; Zip Code  Missouri City, TX	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/58 Rpt: 49/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Raymond <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shacks, Leatrice <hr/> Contributor address; City; State; Zip Code  Houston, TX 77044	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) PMO		Employer (See Instructions) Texas Children's Health Plan
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Mark <hr/> Contributor address; City; State; Zip Code  Fennville, MI 49408	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Tom <hr/> Contributor address; City; State; Zip Code  San Jose, CA 95126	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Naomi <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15238	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/58 Rpt: 50/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Tramaine <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77021	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siniscal, Joyce <hr/> Contributor address; City; State; Zip Code  La conner, WA 98257	Amount of Contribution (\$)  \$31.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slover, Lynette <hr/> Contributor address; City; State; Zip Code  Conesus, NY 14435	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michelle <hr/> Contributor address; City; State; Zip Code  Leesburg, VA 20175	Amount of Contribution (\$)  \$6.58
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mya <hr/> Contributor address; City; State; Zip Code  Indianapolis, IN 46240	Amount of Contribution (\$)  \$3,000.00
Principal occupation / Job title (See Instructions) Franchise Owner		Employer (See Instructions) McDonald's

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/58 Rpt: 51/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mya <hr/> <b>6</b> Contributor address; City; State; Zip Code  Indianapolis, IN 46240	<b>7</b> Amount of Contribution (\$) \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Franchise Owner		<b>9</b> Employer (See Instructions) McDonald's
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smollon, Catherine <hr/> Contributor address; City; State; Zip Code  Ridgefield, CT 06877	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smorol, Gregory <hr/> Contributor address; City; State; Zip Code  LOCKPORT, NY 14094	Amount of Contribution (\$) \$1.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Alice <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Deborah <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/58 Rpt: 52/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77489	<b>7</b> Amount of Contribution (\$)  \$205.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie <hr/> Contributor address; City; State; Zip Code  St. Petersburg, FL 33701	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T Harper, Daniel <hr/> Contributor address; City; State; Zip Code  LOS ANGELES, CA 90025	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Brand Strategy		Employer (See Instructions) MBC Strategic
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXPAC - Texas Medical Assoc PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Daniel <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) McFadden Dental Implant Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/58 Rpt: 53/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tarah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Instructional Designer		<b>9</b> Employer (See Instructions) Cushman & Wakefield
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trail Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Roger Group Realty <hr/> Contributor address; City; State; Zip Code  Houston, TX 77021	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Curtis <hr/> Contributor address; City; State; Zip Code  Carson, CA 90746	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Leroy <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90047	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/58 Rpt: 54/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrey, Marcia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, CA 91105	<b>7</b> Amount of Contribution (\$)  \$1.25
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tschanz, Jackie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$31.25
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas MDACC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umar, Saba <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$105.00
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) FBC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umar, Saba <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77407	Amount of Contribution (\$)  \$505.00
Principal occupation / Job title (See Instructions) Case manager		Employer (See Instructions) Fort bend
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ursenbach, Charles <hr/> Contributor address; City; State; Zip Code  Houston, TX 77041	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Geophysical programmer		Employer (See Instructions) TGS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/58 Rpt: 55/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC of Vistra Corp. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75039	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vondo, Laran <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vyas, Chetan <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Shane <hr/> Contributor address; City; State; Zip Code  Washington, DC 20018	Amount of Contribution (\$)  \$1.87
Principal occupation / Job title (See Instructions) Senior Digital Strategist		Employer (See Instructions) State of Maryland
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walterick, Susan <hr/> Contributor address; City; State; Zip Code  Parrish, FL 34219	Amount of Contribution (\$)  \$3.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/58 Rpt: 56/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98122	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Teana <hr/> Contributor address; City; State; Zip Code  Stafford, TX 77477	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Fort Bend County
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werstein, Lori <hr/> Contributor address; City; State; Zip Code  Laguna Beach, CA 92651	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Adjunct Faculty		Employer (See Instructions) LCAD
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilensky, Sharon <hr/> Contributor address; City; State; Zip Code  San Francisco, CA 94122	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Bradley <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) n/a		Employer (See Instructions) n/a



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/58 Rpt: 57/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alamogordo, NM 88310	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karolyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77021	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Command Executive Assistant		Employer (See Instructions) Fort Bend County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Cullen <hr/> Contributor address; City; State; Zip Code  Gorham, ME 04038	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) U.S. Government
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Erik <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittig, Louis <hr/> Contributor address; City; State; Zip Code  Union City , NJ 07087	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) creative director		Employer (See Instructions) partners & napier

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/58 Rpt: 58/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Gerald <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner/President		<b>9</b> Employer (See Instructions) Womack Development & Investment Realtors
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Susanne <hr/> Contributor address; City; State; Zip Code  Lafayette, CA 94549	Amount of Contribution (\$)  \$1.64
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Oil Change International
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Susan <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63139	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodson, Sue <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolfson, Molly <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 91356	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/58 Rpt: 59/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaffee, Marc <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sparks, NV 89436	<b>7</b> Amount of Contribution (\$)  \$6.25
<b>8</b> Principal occupation / Job title (See Instructions) Entertainer		<b>9</b> Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michael <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97405	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zack, Barbara <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zareski, James <hr/> Contributor address; City; State; Zip Code  Berlin, CT 06037	Amount of Contribution (\$)  \$6.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zochowski, Nicholas <hr/> Contributor address; City; State; Zip Code  Ann Arbor, MI 48105	Amount of Contribution (\$)  \$1.25
Principal occupation / Job title (See Instructions) Grad student		Employer (See Instructions) USC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/58 Rpt: 60/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwain, Benjamin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Greenville, SC 29615	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Bon Secours Mercy Health
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) block, nathan <hr/> Contributor address; City; State; Zip Code  sugar land, TX 77479	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) BP
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) faldt, christopher <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$62.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kerr, mary <hr/> Contributor address; City; State; Zip Code  mpls, MN 55404	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) house cleaning		Employer (See Instructions) Two Bettys Green Cleaning
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kleinbart, martin <hr/> Contributor address; City; State; Zip Code  aventura, FL 33180	Amount of Contribution (\$)  \$4.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/58 Rpt: 61/135
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) teame, jacque <hr/> <b>6</b> Contributor address; City; State; Zip Code  missouri city, TX 77489	<b>7</b> Amount of Contribution (\$)  \$505.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) UHG

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 62/135	
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HDCC Incumbent Protection Fund 7 Contributor address; City; State; Zip Code  Austin, TX 78701	8 Amount of contribution (\$) \$1,923.08	9 In-kind contribution description Legal Services
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/4 Rpt: 63/135	
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 07/04/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		<b>9</b> Loan Amount (\$) \$2,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Missouri city, TX 77459		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) State Representative		<b>13</b> Employer (See Instructions) State of Texas	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 07/23/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$2,300.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/4 Rpt: 64/135	
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 09/08/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		<b>9</b> Loan Amount (\$) \$2,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Missouri city, TX 77459		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) State Representative		<b>13</b> Employer (See Instructions) State of Texas	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 11/07/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/4 Rpt: 65/135	
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 11/19/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		<b>9</b> Loan Amount (\$) \$4,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Missouri city, TX 77459		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) State Representative		<b>13</b> Employer (See Instructions) State of Texas	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/02/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 4/4 Rpt: 66/135	
<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062098	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 12/09/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		<b>9</b> Loan Amount (\$) \$3,500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Missouri city, TX 77459		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) State Representative		<b>13</b> Employer (See Instructions) State of Texas	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/18/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, RON (Rep.)		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Missouri city, TX 77459		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/68 Rpt: 67/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/14/2025	<b>5</b> Payee name A Better Me Ministry	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code  Missouri City, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name APRI	
Amount (\$) \$165.00	Payee address; City; State; Zip Code 815 16th Street, N.W., 4th Floor  Washington, DC 20006	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Abiding Faith	
Amount (\$) \$133.00	Payee address; City; State; Zip Code 15376 Fondren Rd  Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/68 Rpt: 68/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/04/2025	<b>5</b> Payee name Act Blue	
<b>6</b> Amount (\$) \$145.00	<b>7</b> Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name Act Blue	
Amount (\$) \$1.00	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Act Blue	
Amount (\$) \$608.94	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant service fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/68 Rpt: 69/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/28/2025	<b>5</b> Payee name Actblue	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Aiden by Best Western	
Amount (\$) \$139.74	Payee address; City; State; Zip Code 2200 S I H, 35  Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name AI Green Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 56761  Houston, TX 77256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/68 Rpt: 70/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/12/2025	<b>5</b> Payee name Aloft	
<b>6</b> Amount (\$) \$400.74	<b>7</b> Payee address; City; State; Zip Code 1033 Young St  Dallas, TX 75202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2025	Payee name Ambition Strategies	
Amount (\$) \$650.00	Payee address; City; State; Zip Code P. O. Box 56386  Houston, TX 77256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 10/21/2025	Payee name Ambition Strategies	
Amount (\$) \$400.00	Payee address; City; State; Zip Code P. O. Box 56386  Houston, TX 77256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/68 Rpt: 71/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/09/2025	<b>5</b> Payee name American Caribbean Chamber of Commerce	
<b>6</b> Amount (\$) \$546.00	<b>7</b> Payee address; City; State; Zip Code 11110 Bellaire Blvd  Houston, TX 77072	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name American Caribbean Chamber of Commerce	
Amount (\$) \$547.00	Payee address; City; State; Zip Code 11110 Bellaire Blvd  Houston, TX 77072	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name American Caribbean Chamber of Commerce	
Amount (\$) \$547.00	Payee address; City; State; Zip Code 11110 Bellaire Blvd  Houston, TX 77072	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/68 Rpt: 72/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/09/2025	<b>5</b> Payee name Aubrey R. Taylor Communication	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 6140 Highway 6 South #233  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Aubrey R. Taylor Communication	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6140 Highway 6 South #233  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Aubrey R. Taylor Communication	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 6140 Highway 6 South #233  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/68 Rpt: 73/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/06/2025	<b>5</b> Payee name Aubrey R. Taylor Communication	
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 6140 Highway 6 South #233  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name Audrie Lawton Evans Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 667204  Houston, TX 77266	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name B's Wine Bar	
Amount (\$) \$634.08	Payee address; City; State; Zip Code 8770 Hwy 6 #300  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/68 Rpt: 74/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/12/2025	<b>5</b> Payee name Beau Rivage	
<b>6</b> Amount (\$) \$199.36	<b>7</b> Payee address; City; State; Zip Code 875 Beach Blvd  Biloxi, MS 39530	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Buc-ee's	
Amount (\$) \$47.80	Payee address; City; State; Zip Code 27700 Katy Freeway  Katy, TX 77494	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name Chevron	
Amount (\$) \$71.97	Payee address; City; State; Zip Code 503 Texas Parkway  Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/68 Rpt: 75/135	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/07/2025	<b>5</b> Payee name Chevron	
<b>6</b> Amount (\$) \$57.51	<b>7</b> Payee address; City; State; Zip Code 503 Texas Parkway  Missouri City , TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Chevron	
Amount (\$) \$69.95	Payee address; City; State; Zip Code 503 Texas Parkway  Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Chick-Fil-A	
Amount (\$) \$29.14	Payee address; City; State; Zip Code Highway 6 South  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/28/2025	<b>5</b> Payee name Churrascos	
<b>6</b> Amount (\$) \$109.02	<b>7</b> Payee address; City; State; Zip Code 1520 Lake Pointe Pkwy #500  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2025	Payee name Circle K	
Amount (\$) \$40.46	Payee address; City; State; Zip Code 2975 Texas Pkwy  Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tavel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2025	Payee name Constant Contact	
Amount (\$) \$271.83	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/16/2025	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$271.83	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Constant Contact	
Amount (\$) \$271.83	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2025	Payee name Constant Contact	
Amount (\$) \$271.83	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/16/2025	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$271.83	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Payee name Constant Contact	
Amount (\$) \$271.83	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/23/2025	Candidate/Officeholder name Payee name Cyclone Anaya	
Amount (\$) \$110.10	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/01/2025	<b>5</b> Payee name Darlene Breau Campaign	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Dia del Salvadoreno Houston	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 935 Eldridge Rd Suite 216,  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2025	Payee name Dub Way Foundation	
Amount (\$) \$505.00	Payee address; City; State; Zip Code Po Box 951  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/27/2025	<b>5</b> Payee name Dub Way Foundation	
<b>6</b> Amount (\$) \$295.28	<b>7</b> Payee address; City; State; Zip Code Po Box 951  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Dub Way Foundation	
Amount (\$) \$251.00	Office sought Po Box 951  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name El Vaquero Resturant	
Amount (\$) \$93.18	Office sought 2140 FM 1092 Rd  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/23/2025	<b>5</b> Payee name El Vaquero Resturant	
<b>6</b> Amount (\$) \$87.33	<b>7</b> Payee address; City; State; Zip Code 2140 FM 1092 Rd  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name El Vaquero Resturant	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 2140 FM 1092 Rd  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name El Vaquero Resturant	
Amount (\$) \$64.08	Payee address; City; State; Zip Code 2140 FM 1092 Rd  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 07/03/2025	<b>5</b> Payee name ExxonMobil	
<b>6</b> Amount (\$) \$55.21	<b>7</b> Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2025	Payee name ExxonMobil	
Amount (\$) \$93.72	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name ExxonMobil	
Amount (\$) \$66.72	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/02/2025	<b>5</b> Payee name ExxonMobil	
<b>6</b> Amount (\$) \$68.45	<b>7</b> Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2025	Payee name ExxonMobil	
Amount (\$) \$75.10	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2025	Payee name ExxonMobil	
Amount (\$) \$56.01	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/11/2025	<b>5</b> Payee name ExxonMobil	
<b>6</b> Amount (\$) \$52.18	<b>7</b> Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/14/2025	Payee name ExxonMobil	
Amount (\$) \$104.11	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name ExxonMobil	
Amount (\$) \$80.76	Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/17/2025	<b>5</b> Payee name ExxonMobil	
<b>6</b> Amount (\$) \$95.51	<b>7</b> Payee address; City; State; Zip Code 1810 Pearland Pkwy  Pearland, TX 77581	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name FUDA	
Amount (\$) \$500.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Families Helping Families	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/04/2025	<b>5</b> Payee name FedEx	
<b>6</b> Amount (\$) \$4.61	<b>7</b> Payee address; City; State; Zip Code  Sugfar Land , TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2025	Payee name FedEx	
Amount (\$) \$4.12	Payee address; City; State; Zip Code  Sugar Land , TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name First Convenience Bank	
Amount (\$) \$34.00	Payee address; City; State; Zip Code PO Box 937  Killeen, TX 76540	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/30/2025	<b>5</b> Payee name First Convenience Bank	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code PO Box 937  Killeen, TX 76540	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast event fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Fort Bend County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 13515 Southwest Fwy #204  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Fort Bend County Democratic Party	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 13515 Southwest Fwy #204  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/04/2025	<b>5</b> Payee name Forward Times	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 4411 Almeda Rd  Houston, TX 77004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Gabrielas	
Amount (\$) \$46.81	Payee address; City; State; Zip Code 900 E 7th St  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Gary, Rosalind	
Amount (\$) \$500.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/10/2025	<b>5</b> Payee name Gator Stop	
<b>6</b> Amount (\$) \$70.90	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Grady Prestage Campaign	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code Po Box 835  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Gringos Mexian Resturant	
Amount (\$) \$43.33	Payee address; City; State; Zip Code 12330 Southwest Freeway  Stafford, TX 77449	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/16/2025	<b>5</b> Payee name Guadalajara Mexican Grille	
<b>6</b> Amount (\$) \$49.94	<b>7</b> Payee address; City; State; Zip Code 2925 Southwest Fwy  Houston, TX 77098	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Hamilton DC	
Amount (\$) \$116.80	Payee address; City; State; Zip Code 1001 14th St NW  Washington, DC 20005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name Hanging Tough	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/06/2025	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$350.00	<b>7</b> Payee address; City; State; Zip Code 4619 Lyons Ave  Houston, TX 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Heavenly Choices	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 3810 Cavalcade St  Houston, TX 77026	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name Hilton Hotel	
Amount (\$) \$10.83	Payee address; City; State; Zip Code  Austin, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Hilton Houston Post Oak	
<b>6</b> Amount (\$) \$15.16	<b>7</b> Payee address; City; State; Zip Code 2001 Post Oak Blvd  Houston, TX 77056	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Honey Farms		
Amount (\$) \$70.56	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Honey Farms		
Amount (\$) \$71.76	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/15/2025	<b>5</b> Payee name Honey Farms	
<b>6</b> Amount (\$) \$52.10	<b>7</b> Payee address; City; State; Zip Code  Missouri city, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name Honey Farms	
Amount (\$) \$85.92	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name Honey Farms	
Amount (\$) \$66.20	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/02/2025	<b>5</b> Payee name Honey Farms	
<b>6</b> Amount (\$) \$80.80	<b>7</b> Payee address; City; State; Zip Code  Missouri City, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Honey Farms	
Amount (\$) \$78.29	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2025	Payee name Honey Farms	
Amount (\$) \$87.08	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/14/2025	<b>5</b> Payee name Honey Farms	
<b>6</b> Amount (\$) \$67.00	<b>7</b> Payee address; City; State; Zip Code  Missouri City, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Honey Farms	
Amount (\$) \$71.64	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Hotel ZaZa	
Amount (\$) \$30.68	Payee address; City; State; Zip Code 5701 Main Street  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/13/2025	<b>5</b> Payee name Houston Area Urban League	
<b>6</b> Amount (\$) \$70.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event ticket
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2025	Payee name Houston Black American Democrats	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Houston Black American Democrats	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 31/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/10/2025	<b>5</b> Payee name Houston Defender	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 12401 South Post Oak  Houston, TX 77045	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ads
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Houston Valet	
Amount (\$) \$29.23	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name IAH Parking	
Amount (\$) \$87.00	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 32/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/27/2025	<b>5</b> Payee name J. W. Marriott	
<b>6</b> Amount (\$) \$11.66	<b>7</b> Payee address; City; State; Zip Code 1331 Pennsylvania Ave NW  Washington, CA 20004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2025	Payee name Johnny Tamales Cantina	
Amount (\$) \$110.81	Payee address; City; State; Zip Code 2720 FM 1092 RD  Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Land Rover	
Amount (\$) \$1,877.70	Payee address; City; State; Zip Code 10002 Southwest Fwy  Houston, TX 77074	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Maintenance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/06/2025	<b>5</b> Payee name Las Mañanitas Mexican Restaurant	
<b>6</b> Amount (\$) \$19.85	<b>7</b> Payee address; City; State; Zip Code  Richmond, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name Levine, Burt	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Houston, TX 77096	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 12/16/2025	Payee name Levine, Burt	
Amount (\$) \$200.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Houston, TX 77096	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/01/2025	<b>5</b> Payee name Levine, Burt	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Houston, TX 77096	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name Los Gallitos Mexican Cafe	
Amount (\$) \$100.10	Payee address; City; State; Zip Code 12030 Murphy Rd Houston, TX 77031	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Lupe Tortilla	
Amount (\$) \$75.13	Payee address; City; State; Zip Code 9211 Hwy 6 Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/26/2025	<b>5</b> Payee name Lupe Tortilla	
<b>6</b> Amount (\$) \$59.63	<b>7</b> Payee address; City; State; Zip Code 9211 Hwy 6  Missouri City , TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Marquette Greene Scott Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 734  Rosharon, TX 77583	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Marriott Maquis	
Amount (\$) \$38.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/16/2025	<b>5</b> Payee name Marriott Maquis	
<b>6</b> Amount (\$) \$38.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Marriott Marquis	
Amount (\$) \$965.38	Payee address; City; State; Zip Code 901 Massachusetts Ave NW  Washington , DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name Metro PCS	
Amount (\$) \$32.42	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/01/2025	<b>5</b> Payee name Minority Print Media	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Missouri City NAACP Branch	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 401 Texas Parkway  Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Missouri City Sug	
Amount (\$) \$291.77	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/18/2025	<b>5</b> Payee name Mr Ji Connections	
<b>6</b> Amount (\$) \$1,554.96	<b>7</b> Payee address; City; State; Zip Code  Missouri City, TX 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign event vendor
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Mr Ji Connections	
Amount (\$) \$1,271.94	Payee address; City; State; Zip Code  Missouri City, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign event vendor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name N B Servies	
Amount (\$) \$86.70	Payee address; City; State; Zip Code  Katy, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/06/2025	<b>5</b> Payee name NBUF	
<b>6</b> Amount (\$) \$287.50	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name National Black Caucus of State Legislators Conference	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 444 North Capitol Street, NW, Suite 622  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2025	Payee name National Black Caucus of State Legislators Conference	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 444 North Capitol Street, NW, Suite 622  Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/02/2025	<b>5</b> Payee name Next Wave Strategies	
<b>6</b> Amount (\$) \$675.00	<b>7</b> Payee address; City; State; Zip Code 2339 Commerce St suite 213  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Next Wave Strategies	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 10/09/2025	Payee name Next Wave Strategies	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/10/2025	<b>5</b> Payee name Next Wave Strategies	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 2339 Commerce St suite 213  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Next Wave Strategies	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2339 Commerce St suite 213  Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 12/03/2025	Payee name No Sister Left Behind	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2119 Jensen Dr  Houston, TX 77026	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/01/2025	<b>5</b> Payee name Omni	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2025	Payee name Park First	
Amount (\$) \$7.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2025	Payee name ParkWhiz	
Amount (\$) \$40.33	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/04/2025	<b>5</b> Payee name Parking Management	
<b>6</b> Amount (\$) \$23.38	<b>7</b> Payee address; City; State; Zip Code  TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2025	Payee name Paypal	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2211 N First St  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name Paypal	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 2211 N First St  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/18/2025	<b>5</b> Payee name Paypal	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 2211 N First St  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Paypal	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 2211 N First St  San Jose, CA 95131	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name Pernell Davis Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  Houston , TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/31/2025	<b>5</b> Payee name Plat Parking	
<b>6</b> Amount (\$) \$6.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Post Net	
Amount (\$) \$514.75	Payee address; City; State; Zip Code 6140 Highway 6 South  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Post Net	
Amount (\$) \$192.00	Payee address; City; State; Zip Code 6140 Highway 6 South  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 46/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/15/2025	<b>5</b> Payee name Quick Digit Solutions	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 12808 W Airport Blvd Suite 270M Sugar Land , FL 32724	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name Quick Digit Solutions	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12808 W Airport Blvd Suite 270M Sugar Land , FL 32724	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/22/2025	Candidate/Officeholder name Quick Digit Solutions	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 47/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/24/2025	<b>5</b> Payee name Quick Digit Solutions	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name Quick Digit Solutions	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name REYNOLDS, RON	
Amount (\$) \$3,426.00	Payee address; City; State; Zip Code 6140 Highway 6 South #233  Missouri city, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan repayment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 48/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/12/2025	<b>5</b> Payee name Regal	
<b>6</b> Amount (\$) \$59.44	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name Road Women	
Amount (\$) \$100.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Run Sister Run Pac	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 66470  Houston, TX 77266	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 49/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/29/2025	<b>5</b> Payee name SP Donate	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Salata	
Amount (\$) \$41.41	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2025	Payee name Scott, Lashelle	
Amount (\$) \$125.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 50/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 07/07/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$89.49	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$50.79	Payee name Shell Oil  Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$72.28	Payee name Shell Oil  Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 51/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/01/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$73.85	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Shell Oil		
Amount (\$) \$88.04	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Shell Oil		
Amount (\$) \$81.00	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 52/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/25/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$76.34	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/11/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$23.56	Payee name Shell Oil  Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$78.80	Payee name Shell Oil  Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 53/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/22/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$62.52	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2025	Payee name Shell Oil	
Amount (\$) \$74.69	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Shell Oil	
Amount (\$) \$82.62	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 54/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 10/30/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$64.10	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Shell Oil	
Amount (\$) \$69.85	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2025	Payee name Shell Oil	
Amount (\$) \$37.11	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 55/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/24/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$88.31	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name Shell Oil	
Amount (\$) \$74.05	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Shell Oil	
Amount (\$) \$55.43	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 56/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/09/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$39.30	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Shell Oil	
Amount (\$) \$84.84	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2025	Payee name Shell Oil	
Amount (\$) \$78.22	Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 57/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 12/21/2025	<b>5</b> Payee name Shell Oil	
<b>6</b> Amount (\$) \$74.40	<b>7</b> Payee address; City; State; Zip Code 13747 Southwest Fwy  Sugar Land, TX 77478	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2025	Payee name Sienna Grande Shops	
Amount (\$) \$78.39	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name Sienna Grande Shops	
Amount (\$) \$75.80	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 58/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/26/2025	<b>5</b> Payee name Sienna Grande Shops	
<b>6</b> Amount (\$) \$83.20	<b>7</b> Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name Sienna Grande Shops	
Amount (\$) \$52.58	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2025	Payee name Sienna Grande Shops	
Amount (\$) \$62.90	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 59/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/05/2025	<b>5</b> Payee name Sienna Grande Shops	
<b>6</b> Amount (\$) \$71.24	<b>7</b> Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sienna Grande Shops		
Amount (\$) \$68.57	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sienna Grande Shops		
Amount (\$) \$74.27	Payee address; City; State; Zip Code 2822 Sienna Pkwy,  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 60/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/21/2025	<b>5</b> Payee name Signature Sipz	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code  Houston, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2025	Payee name Subway	
Amount (\$) \$24.98	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name T-Mobile	
Amount (\$) \$259.81	Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 61/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/23/2025	<b>5</b> Payee name T-Mobile	
<b>6</b> Amount (\$) \$250.56	<b>7</b> Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$243.55	Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name T-Mobile		
Amount (\$) \$201.97	Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 62/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/23/2025	<b>5</b> Payee name T-Mobile	
<b>6</b> Amount (\$) \$201.97	<b>7</b> Payee address; City; State; Zip Code 6947 Gall Blvd  Zephyrhills, FL 33542	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Texas Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Texas NAACP	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6633 Highway 290 East Suite 303 Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 63/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 11/12/2025	<b>5</b> Payee name Tiger Mart	
<b>6</b> Amount (\$) \$90.79	<b>7</b> Payee address; City; State; Zip Code  Hutchins, TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Torres, Jesse	
Amount (\$) \$430.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Torrey	
Amount (\$) \$1,406.95	Payee address; City; State; Zip Code 2020 Nueces St  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 64/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/16/2025	<b>5</b> Payee name Torrey	
<b>6</b> Amount (\$) \$57.95	<b>7</b> Payee address; City; State; Zip Code 2020 Nueces St  Austin, TX 78705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Tri-County Black Chamber of Commerce	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2626 S Loop W Ste 250 Houston, TX 77054	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name Tyler Smith Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code  Houston, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 65/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/26/2025	<b>5</b> Payee name UVC inc.	
<b>6</b> Amount (\$) \$6.44	<b>7</b> Payee address; City; State; Zip Code  Washington, DC	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name UVC inc.	
Amount (\$) \$10.00	Payee address; City; State; Zip Code  Washington, DC	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2025	Payee name UVC inc.	
Amount (\$) \$9.47	Payee address; City; State; Zip Code  Washington, DC	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 66/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 08/16/2025	<b>5</b> Payee name United Airlines	
<b>6</b> Amount (\$) \$418.48	<b>7</b> Payee address; City; State; Zip Code 77 West Wacker Drive,  Chicago, IL 60601	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2025	Payee name United Airlines	
Amount (\$) \$539.39	Payee address; City; State; Zip Code 77 West Wacker Drive,  Chicago, IL 60601	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel out of district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2025	Payee name Velero	
Amount (\$) \$80.81	Payee address; City; State; Zip Code 3708 Texas Pkwy,  Missouri City, TX 77489	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel in district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 67/68 Rpt:	<b>2</b> FILER NAME Reynolds, Ronald E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062098
<b>4</b> Date 09/26/2025	<b>5</b> Payee name Visenta Studio	
<b>6</b> Amount (\$) \$27.55	<b>7</b> Payee address; City; State; Zip Code  Washington, DC	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Walgreens	
Amount (\$) \$43.01	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2025	Payee name Westin Austin	
Amount (\$) \$25.98	Payee address; City; State; Zip Code  Austin, TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 68/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/15/2025	5 Payee name Winsome Prime	
6 Amount (\$) \$284.70	7 Payee address; City; State; Zip Code 5888 Westheimer Rd  Houston, TX 77057	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for campaign meeting
9 Complete <u>ONLY</u> 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 Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
Sch: 1/1 Rpt: 135/135

2 FILER NAME  
Reynolds, Ronald E. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00062098

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
United Airlines

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☒ Schedule F1  
☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/25/2025

09/28/2025

7 Name of person(s) traveling

Reynolds, Ronald (Rep.)

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Washington

10 Means of transportation  
Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)  
CBC Annual Legislative Conference