

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

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

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Reynolds, Ronald E. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00062098
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 45,099.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 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

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

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18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00062098
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/58 Rpt: 4/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Tyler 6 Contributor address; City; State; Zip Code Madison, AL 35756	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Red team		9 Employer (See Instructions) Ibm
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aceti, Janet 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 3/58 Rpt: 6/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor Bankert, Keith 6 Contributor address; City; State; Zip Code Milwaukee, WI 53211	7 Amount of Contribution (\$) \$25.00	
8 Principal occupation / Job title (See Instructions) tutor		9 Employer (See Instructions) Keith Bankert LLC	
Date 08/04/2025	Full name of contributor Bardin, Robert 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 Barndt, Patricia 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 Barnes-Henson, Kimberley 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 Barry, Michael 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/58 Rpt: 9/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, William 6 Contributor address; City; State; Zip Code sugar land, TX 77478	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Organizer		9 Employer (See Instructions) AFT of Texas
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohn, Gary 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/58 Rpt: 10/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borkowski, Elizabeth 6 Contributor address; City; State; Zip Code Washington, DC 20009	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) researcher		9 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, Gregory 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/58 Rpt: 11/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Jennifer 6 Contributor address; City; State; Zip Code Nashville, TN 37206	7 Amount of Contribution (\$) \$3.12
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Winsome 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/58 Rpt: 19/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downey, Andrea 6 Contributor address; City; State; Zip Code Houston, TX 77288	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Grocery Clerk		9 Employer (See Instructions) Kroger
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncanson, Bobby Contributor address; City; State; Zip Code Stoughton, WI 53589	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#: _____) Dunlap, David Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$12.50
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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/58 Rpt: 24/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAc of Texas - Texas Association of Builders 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Lanita 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/58 Rpt: 25/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Martha 6 Contributor address; City; State; Zip Code Sacramento, CA 95825	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haygood, Leah 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/58 Rpt: 26/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Alicia	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Missouri City, TX 77489	
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) Hospital
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hornung, Clarence	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Louisville, KY 40219	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Westminster, CO 80031	
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	Amount of Contribution (\$) \$1.64
	Contributor address; City; State; Zip Code Shelton, WA 98584	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Saint Petersburg, FL 33743	
Principal occupation / Job title (See Instructions) Registered Representative		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/58 Rpt: 31/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ayesha	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Richmond, TX 77406	
8 Principal occupation / Job title (See Instructions) Director FB MUD		9 Employer (See Instructions) FB COUNTY
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Ayesha	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Richmond, TX 77406	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77242	
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	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code PHOENIX, AZ 85050	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/58 Rpt: 33/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77096	
8 Principal occupation / Job title (See Instructions) Investment Consultant		9 Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lapio, Cindy	Amount of Contribution (\$) \$3.12
	Contributor address; City; State; Zip Code san diego, CA 92105	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Pine, OR 97739	
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	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Chester, NJ 07930	
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	Amount of Contribution (\$) \$3.12
	Contributor address; City; State; Zip Code Wilsonville, OR 97070	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/58 Rpt: 36/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin, Lynda	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Santa Cruz, CA 95060	
8 Principal occupation / Job title (See Instructions) climate justice philanthropy		9 Employer (See Instructions) Fund for Nonviolence
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Tallahassee, FL 32312	
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	Amount of Contribution (\$) \$3.75
	Contributor address; City; State; Zip Code Guilford, VT 05301	
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	Amount of Contribution (\$) \$3.75
	Contributor address; City; State; Zip Code Madison, WI 53705	
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	Amount of Contribution (\$) \$3.75
	Contributor address; City; State; Zip Code Madison, WI 53705	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UW Madison

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/58 Rpt: 37/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor Masterson, James 6 Contributor address; City; State; Zip Code Aurora, CO 80016	7 Amount of Contribution (\$) \$1.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 08/03/2025	Full name of contributor Mattocks, Danna 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 May, Robert 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 McAllister, Eric 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 McDaniel Cummings, Jan 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/58 Rpt: 40/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Christina 6 Contributor address; City; State; Zip Code Hillsboro, OR 97123	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Teacher		9 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 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 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 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 Contributor address; City; State; Zip Code Rosharon, TX 77583	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hisd

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 39/58 Rpt: 42/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor Netherly, Jeramaine 6 Contributor address; City; State; Zip Code Houston, TX 77252	7 Amount of Contribution (\$) \$205.00	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) KPMG LLP	
Date 08/03/2025	Full name of contributor Newman, Neil 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 O'Mara, Marc 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 ONCOR PAC 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 Okeke, Edna 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/58 Rpt: 44/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkska, Megan 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$6.25
8 Principal occupation / Job title (See Instructions) Service Coordinator		9 Employer (See Instructions) Integris
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Carolyn 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/58 Rpt: 45/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSEN, BARRY 6 Contributor address; City; State; Zip Code STORMVILLE, NY 12582	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/58 Rpt: 47/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, susan 6 Contributor address; City; State; Zip Code Brookline, MA 02445	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) hammond real estate
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/58 Rpt: 48/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Vincent	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77071	
8 Principal occupation / Job title (See Instructions) Systems Planner		9 Employer (See Instructions) Houston METRO
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmiento, Louis	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Queens, NY 11355	
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	Amount of Contribution (\$) \$3.12
	Contributor address; City; State; Zip Code Waxhaw, NC 28173	
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	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Missouri City, TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/58 Rpt: 52/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterling, Cheryl 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$205.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockard, Natalie 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/58 Rpt: 55/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vistra Employee PAC of Vistra Corp. 6 Contributor address; City; State; Zip Code Irving, TX 75039	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vondo, Laran 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 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 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 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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/58 Rpt: 58/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Gerald 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Owner/President		9 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 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 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 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 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/58 Rpt: 59/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaffee, Marc	7 Amount of Contribution (\$) \$6.25
	6 Contributor address; City; State; Zip Code Sparks, NV 89436	
8 Principal occupation / Job title (See Instructions) Entertainer		9 Employer (See Instructions) Self
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michael	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Eugene, OR 97405	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
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	Amount of Contribution (\$) \$6.25
	Contributor address; City; State; Zip Code Berlin, CT 06037	
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	Amount of Contribution (\$) \$1.25
	Contributor address; City; State; Zip Code Ann Arbor, MI 48105	
Principal occupation / Job title (See Instructions) Grad student		Employer (See Instructions) USC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/58 Rpt: 60/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwain, Benjamin 6 Contributor address; City; State; Zip Code Greenville, SC 29615	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Physician		9 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 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 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 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 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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/58 Rpt: 61/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/04/2025	5 Full name of contributor teame, jacque 6 Contributor address; City; State; Zip Code missouri city, TX 77489	7 Amount of Contribution (\$) \$505.00
8 Principal occupation / Job title (See Instructions) Nurse		9 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 (\$) 9 In-kind contribution description \$1,923.08 Legal Services <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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

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

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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 4/4 Rpt: 66/135
2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/09/2025	7 Name of lender REYNOLDS, RON (Rep.)	9 out-of-state PAC (ID#: \$3,500.00)
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Missouri city, TX 77459	10 Interest Rate 11 Maturity Date
12 Principal occupation / Job title (See Instructions) State Representative		13 Employer (See Instructions) State of Texas
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 12/18/2025	Name of lender 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/68 Rpt: 67/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/14/2025	5 Payee name A Better Me Ministry	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code Missouri City, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/68 Rpt: 68/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/04/2025	5 Payee name Act Blue	
6 Amount (\$) \$145.00	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8 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
9 Complete ONLY 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	(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 Merchant fee
Complete ONLY 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	(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 Merchant service fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/68 Rpt: 69/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/28/2025	5 Payee name Actblue	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code TX	
8 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 Contribution
9 Complete ONLY 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	(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 Lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Al Green Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 56761 Houston, TX 77256	
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 Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/68 Rpt: 70/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/12/2025	5 Payee name Aloft	
6 Amount (\$) \$400.74	7 Payee address; City; State; Zip Code 1033 Young St Dallas, TX 75202	
8 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 Lodging
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/68 Rpt: 71/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/09/2025	5 Payee name American Caribbean Chamber of Commerce	
6 Amount (\$) \$546.00	7 Payee address; City; State; Zip Code 11110 Bellaire Blvd Houston, TX 77072	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/68 Rpt: 72/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/09/2025	5 Payee name Aubrey R. Taylor Communication	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 6140 Highway 6 South #233 Missouri City, TX 77459	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/68 Rpt: 73/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/06/2025	5 Payee name Aubrey R. Taylor Communication	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 6140 Highway 6 South #233 Missouri City, TX 77459	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Audrie Lawton Evans Campaign	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	(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 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name B's Wine Bar	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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/68 Rpt: 74/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/12/2025	5 Payee name Beau Rivage	
6 Amount (\$) \$199.36	7 Payee address; City; State; Zip Code 875 Beach Blvd Biloxi, MS 39530	
8 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 Lodging
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/68 Rpt: 75/135	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/07/2025	5 Payee name Chevron	
6 Amount (\$) \$57.51	7 Payee address; City; 503 Texas Parkway Missouri City , TX 77459	
8 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
9 Complete ONLY 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; 503 Texas Parkway Missouri City , TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <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 ONLY 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; Highway 6 South 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/28/2025	5 Payee name Churrascos	
6 Amount (\$) \$109.02	7 Payee address; City; State; Zip Code 1520 Lake Pointe Pkwy #500 Sugar Land, TX 77478	
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 ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/16/2025	5 Payee name Constant Contact	
6 Amount (\$) \$271.83	7 Payee address; City; 1601 Trapelo Road Waltham, MA 02451	
8 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
9 Complete ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/16/2025	5 Payee name Constant Contact	
6 Amount (\$) \$271.83	7 Payee address; City; 1601 Trapelo Road Waltham, MA 02451	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Constant Contact	
Amount (\$) \$271.83	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Cyclone Anaya	
Amount (\$) \$110.10	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/01/2025	5 Payee name Darlene Breaux Campaign	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX	
8 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 Contribution
9 Complete ONLY 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	(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 sponsorship
Complete ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/27/2025	5 Payee name Dub Way Foundation	
6 Amount (\$) \$295.28	7 Payee address; City; Po Box 951 Missouri City, TX 77459	State; Zip Code
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name Dub Way Foundation	Office sought Office held
Date 12/10/2025	Payee address; City; Po Box 951 Missouri City, TX 77459	State; Zip Code
Amount (\$) \$251.00		
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name El Vaquero Restaurant	Office sought Office held
Date 08/31/2025	Payee address; City; 2140 FM 1092 Rd Missouri City, TX 77459	State; Zip Code
Amount (\$) \$93.18		
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Payee name El Vaquero Restaurant	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/23/2025	5 Payee name El Vaquero Restaurant	
6 Amount (\$) \$87.33	7 Payee address; City; 2140 FM 1092 Rd Missouri City, TX 77459	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name El Vaquero Restaurant	
Amount (\$) \$55.00	Payee address; City; 2140 FM 1092 Rd 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name El Vaquero Restaurant	
Amount (\$) \$64.08	Payee address; City; 2140 FM 1092 Rd 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/03/2025	5 Payee name ExxonMobil	
6 Amount (\$) \$55.21	7 Payee address; City; State; Zip Code 1810 Pearland Pkwy Pearland, TX 77581	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/02/2025	5 Payee name ExxonMobil	
6 Amount (\$) \$68.45	7 Payee address; City; State; Zip Code 1810 Pearland Pkwy Pearland, TX 77581	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/11/2025	5 Payee name ExxonMobil	
6 Amount (\$) \$52.18	7 Payee address; City; State; Zip Code 1810 Pearland Pkwy Pearland, TX 77581	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/17/2025	5 Payee name ExxonMobil	
6 Amount (\$) \$95.51	7 Payee address; City; State; Zip Code 1810 Pearland Pkwy Pearland, TX 77581	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/04/2025	5 Payee name FedEx	
6 Amount (\$) \$4.61	7 Payee address; City; State; Zip Code Sugfar Land , TX	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/30/2025	5 Payee name First Convenience Bank	
6 Amount (\$) \$300.00	7 Payee address; City; PO Box 937 Killeen, TX 76540	State; Zip Code
8 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 Breakfast event fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/12/2025	Payee name Fort Bend County Democratic Party	Office held
Amount (\$) \$750.00	Payee address; City; 13515 Southwest Fwy #204 Sugar Land, TX 77478	State; Zip Code
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 Filing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/23/2025	Payee name Fort Bend County Democratic Party	Office held
Amount (\$) \$1,500.00	Payee address; City; 13515 Southwest Fwy #204 Sugar Land, TX 77478	State; Zip Code
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 Mail fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/04/2025	5 Payee name Forward Times	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 4411 Almeda Rd Houston, TX 77004	
8 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 advertising
9 Complete ONLY 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	(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 ONLY 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 REDACTED PER 254.0401, ELEC. CODE TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/10/2025	5 Payee name Gator Stop	
6 Amount (\$) \$70.90	7 Payee address; City; State; Zip Code TX	
8 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
9 Complete ONLY 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	(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 Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Gringos Mexian Restaurant	
Amount (\$) \$43.33	Payee address; City; State; Zip Code 12330 Southwest Freeway Stafford, TX 77449	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/16/2025	5 Payee name Guadalajara Mexican Grille	
6 Amount (\$) \$49.94	7 Payee address; City; 2925 Southwest Fwy Houston, TX 77098	State; Zip Code
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 ONLY 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; 1001 14th St NW Washington, DC 20005	State; Zip Code
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 ONLY 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; TX	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/06/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$350.00	7 Payee address; City; 4619 Lyons Ave Houston, TX 77020	
8 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 Contribution
9 Complete ONLY 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; 3810 Cavalcade St Houston, TX 77026	
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 Food for event
Complete ONLY 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; Austin, TX	
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 Parking
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/29/2025	5 Payee name Hilton Houston Post Oak	
6 Amount (\$) \$15.16	7 Payee address; City; 2001 Post Oak Blvd Houston, TX 77056	State; Zip Code
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/25/2025	Payee name Honey Farms	
Amount (\$) \$70.56	Payee address; City; Missouri City, TX	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Honey Farms	
Amount (\$) \$71.76	Payee address; City; Missouri City, TX	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/15/2025	5 Payee name Honey Farms	
6 Amount (\$) \$52.10	7 Payee address; City; State; Zip Code Missouri city, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/02/2025	5 Payee name Honey Farms	
6 Amount (\$) \$80.80	7 Payee address; City; State; Zip Code Missouri City, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/14/2025	5 Payee name Honey Farms	
6 Amount (\$) \$67.00	7 Payee address; City; State; Zip Code Missouri City, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/13/2025	5 Payee name Houston Area Urban League	
6 Amount (\$) \$70.00	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Event ticket
9 Complete ONLY 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	(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 Contribution
Complete ONLY 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	(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 Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/10/2025	5 Payee name Houston Defender	
6 Amount (\$) \$1,000.00	7 Payee address; City; 12401 South Post Oak Houston, TX 77045	State; Zip Code
8 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 Ads
9 Complete ONLY 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; Houston, TX	State; Zip Code
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 ONLY 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; TX	State; Zip Code
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 Parking
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/27/2025	5 Payee name J. W. Marriott	
6 Amount (\$) \$11.66	7 Payee address; City; State; Zip Code 1331 Pennsylvania Ave NW Washington, CA 20004	
8 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
9 Complete ONLY 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	(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 ONLY 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	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 Maintenance
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/06/2025	5 Payee name Las Mañanitas Mexican Restaurant	
6 Amount (\$) \$19.85	7 Payee address; City; State; Zip Code Richmond, TX	
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 ONLY 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 REDACTED PER 254.0401, ELEC. CODE Houston, TX 77096	
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 ONLY 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 REDACTED PER 254.0401, ELEC. CODE Houston, TX 77096	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/01/2025	5 Payee name Levine, Burt	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77096	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098	
4 Date 10/26/2025	5 Payee name Lupe Tortilla		
6 Amount (\$) \$59.63	7 Payee address; City; State; Zip Code 9211 Hwy 6 Missouri City , TX 77459		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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	(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 Contribution	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/08/2025	Payee name Marriott Maquis		
Amount (\$) \$38.00	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/16/2025	5 Payee name Marriott Maquis	
6 Amount (\$) \$38.00	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY 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	(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 Lodging
Complete ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/01/2025	5 Payee name Minority Print Media	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 advertising
9 Complete ONLY 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	(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 sponsorship
Complete ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/18/2025	5 Payee name Mr Ji Connections	
6 Amount (\$) \$1,554.96	7 Payee address; City; State; Zip Code Missouri City, TX 95131	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/06/2025	5 Payee name NBUF	
6 Amount (\$) \$287.50	7 Payee address; City; State; Zip Code Houston, TX	
8 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
9 Complete ONLY 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	(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 Dues
Complete ONLY 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	(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 Dues
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/02/2025	5 Payee name Next Wave Strategies	
6 Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 2339 Commerce St suite 213 Houston, TX 77002	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/10/2025	5 Payee name Next Wave Strategies	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2339 Commerce St suite 213 Houston, TX 77002	
8 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
9 Complete ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: Sch: 42/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/01/2025	5 Payee name Omni		
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code Houston, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking	
9 Complete ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
(Leave blank for next expenditure)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/04/2025	5 Payee name Parking Management	
6 Amount (\$) \$23.38	7 Payee address; City; State; Zip Code TX	
8 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
9 Complete ONLY 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	(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 Fees
Complete ONLY 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	(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 Fees
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/18/2025	5 Payee name Paypal	
6 Amount (\$) \$50.00	7 Payee address; City; 2211 N First St San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
9 Complete ONLY 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; 2211 N First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <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 ONLY 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	(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 Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/31/2025	5 Payee name Plat Parking	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 46/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098	
4 Date 10/15/2025	5 Payee name Quick Digit Solutions		
6 Amount (\$) \$2,500.00	7 Payee address; City; 12808 W Airport Blvd Suite 270M Sugar Land , FL 32724	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name Quick Digit Solutions		
Amount (\$) \$1,000.00	Payee address; City; 12808 W Airport Blvd Suite 270M Sugar Land , FL 32724	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/22/2025	Payee name Quick Digit Solutions		
Amount (\$) \$1,500.00	Payee address; City; 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 47/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/24/2025	5 Payee name Quick Digit Solutions	
6 Amount (\$) \$500.00	7 Payee address; City; 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing
9 Complete ONLY 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; 12808 W Airport Blvd Suite 270M Sugar Land , TX 77478	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing
Complete ONLY 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; 6140 Highway 6 South #233 Missouri city, TX 77459	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 48/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/12/2025	5 Payee name Regal	
6 Amount (\$) \$59.44	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 ONLY 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	(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 Contribution
Complete ONLY 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	(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 Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 49/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/29/2025	5 Payee name SP Donate	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code	
8 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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY 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	(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 ONLY 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 REDACTED PER 254.0401, ELEC. CODE TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 50/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 07/07/2025	5 Payee name Shell Oil	
6 Amount (\$) \$89.49	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Shell Oil	
Amount (\$) \$50.79	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/24/2025	Payee name Shell Oil	
Amount (\$) \$72.28	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 51/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/01/2025	5 Payee name Shell Oil	
6 Amount (\$) \$73.85	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/24/2025	Payee name Shell Oil	
Amount (\$) \$88.04	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Shell Oil	
Amount (\$) \$81.00	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 52/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/25/2025	5 Payee name Shell Oil	
6 Amount (\$) \$76.34	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/11/2025	Payee name Shell Oil	
Amount (\$) \$23.56	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Shell Oil	
Amount (\$) \$78.80	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 53/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/22/2025	5 Payee name Shell Oil	
6 Amount (\$) \$62.52	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 54/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 10/30/2025	5 Payee name Shell Oil	
6 Amount (\$) \$64.10	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 55/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/24/2025	5 Payee name Shell Oil	
6 Amount (\$) \$88.31	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 56/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/09/2025	5 Payee name Shell Oil	
6 Amount (\$) \$39.30	7 Payee address; City; 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY 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; 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 ONLY 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; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 57/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 12/21/2025	5 Payee name Shell Oil	
6 Amount (\$) \$74.40	7 Payee address; City; State; Zip Code 13747 Southwest Fwy Sugar Land, TX 77478	
8 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
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 58/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/26/2025	5 Payee name Sienna Grande Shops	
6 Amount (\$) \$83.20	7 Payee address; City; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY 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; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY 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; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 59/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/05/2025	5 Payee name Sienna Grande Shops	
6 Amount (\$) \$71.24	7 Payee address; City; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Sienna Grande Shops	
Amount (\$) \$68.57	Payee address; City; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Sienna Grande Shops	
Amount (\$) \$74.27	Payee address; City; 2822 Sienna Pkwy, Missouri City, TX 77459	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 60/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/21/2025	5 Payee name Signature Sipz	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code Houston, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 Event expense
9 Complete ONLY 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	(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 ONLY 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	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 61/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/23/2025	5 Payee name T-Mobile	
6 Amount (\$) \$250.56	7 Payee address; City; State; Zip Code 6947 Gall Blvd Zephyrhills, FL 33542	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name T-Mobile	Office sought Office held
Date 09/23/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name T-Mobile	Office sought Office held
Date 10/23/2025	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name T-Mobile	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 62/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/23/2025	5 Payee name T-Mobile	
6 Amount (\$) \$201.97	7 Payee address; City; 6947 Gall Blvd Zephyrhills, FL 33542	
8 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 Phone service
9 Complete ONLY 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; PO Box 15707 Austin, TX 78761	
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 Contribution
Complete ONLY 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; 6633 Highway 290 East Suite 303 Austin, TX 78723	
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 63/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 11/12/2025	5 Payee name Tiger Mart	
6 Amount (\$) \$90.79	7 Payee address; City; State; Zip Code Hutchins, TX	
8 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
9 Complete ONLY 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 REDACTED PER 254.0401, ELEC. CODE TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 ONLY 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	(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 Lodging
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 64/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/16/2025	5 Payee name Torrey	
6 Amount (\$) \$57.95	7 Payee address; City; State; Zip Code 2020 Nueces St Austin, TX 78705	
8 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 Lodging
9 Complete ONLY 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	(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 ONLY 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	(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 Contribution
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 65/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/26/2025	5 Payee name UVC inc.	
6 Amount (\$) \$6.44	7 Payee address; City; State; Zip Code Washington, DC	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <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
9 Complete ONLY 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 of district
Complete ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 66/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 08/16/2025	5 Payee name United Airlines	
6 Amount (\$) \$418.48	7 Payee address; City; 77 West Wacker Drive, Chicago, IL 60601	State; Zip Code
8 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
9 Complete ONLY 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; 77 West Wacker Drive, Chicago, IL 60601	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(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 ONLY 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; 3708 Texas Pkwy, Missouri City, TX 77489	State; Zip Code
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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 67/68 Rpt:	2 FILER NAME Reynolds, Ronald E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062098
4 Date 09/26/2025	5 Payee name Visenta Studio	
6 Amount (\$) \$27.55	7 Payee address; City; State; Zip Code Washington, DC	
8 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 Event fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Walgreens	Office sought Office held
Date 09/25/2025	Payee name Walgreens	
Amount (\$) \$43.01	Payee address; City; State; Zip Code 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 Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Westin Austin	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	(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 Parking
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: Sch: 1/1 Rpt: 135/135</p>												
<p>2 FILER NAME Reynolds, Ronald E. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00062098</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input checked="" type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>6 Dates of Travel 09/25/2025 09/28/2025</p>	<p>7 Name of person(s) traveling Reynolds, Ronald (Rep.)</p>													
	<p>8 Departure city or name of departure location Houston</p>													
	<p>9 Destination city or name of destination location Washington</p>													
10 Means of transportation Commercial Airplane	<p>11 Purpose of travel (including name of conference, seminar, or other event) CBC Annual Legislative Conference</p>													