#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comple		1 Filer ID (Ethics Commi 00027106	,	2 Total pages f	iiled: 65
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER		Donna			OFFICE	USE UNL I
NAME	The Honorable	Bonna			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Roth				
4 CANDIDATE /	ADDRESS / PO BOX; APT / 2	SUITE # CIT	۲۰	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	5300 Memorial Drive	,	- 1			
MAILING ADDRESS					Receipt #	Amount
ADDRESS	Suite 270					
Change of Address	Houston, TX 77007				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	FIRST			MI	
TREASURER NAME	Ms. A	Andrea S.				
	NICKNAME L	_AST			SUFFIX	
	F	Roth				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE)	ΔΡ.	T / SUITE #; CITY;	· ST	ATE; ZIP CODE
TREASURER	5300 Memorial Drive		74		, 01	
ADDRESS						
(Residence or Business)	Suite 270					
	Houston, TX 77007					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER						
PHONE	(713) 654-2143					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
				L	appointment (of	ficeholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	ХР	imary	Runoff	Other	
	03/03/2026		eneral	Special		
11 OFFICE						
	OFFICE HELD (if any) District Judge District 295 H	larric		12 OFFICE SOUGHT		
	District Judge District 295 H	101115		District Judge		
		GO T	O PAGE 2			
Forms provided by Te	xas Ethics Commission	\AAAAA Ott	nics.state.tx.u	s	\/erc	ion V3.5.1.3ac88bc

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

FORM JC/OH COVER SHEET PG 2 2 of 65

I

13 C / OH NAME	Roth, Donna (The Ho	norable)	14 Filer ID 00027106	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE EL		<b>\$</b> 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	<b>\$</b> 59,455.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 43,644.22
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 110,276.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT	·			
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The H	onorable Donna Roth	
		Signature	of Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.3ac88bc0

#### FORM JC/OH COVER SHEET PG 3

3 of 65

18 FILE Rot		1E na (The Honorable)	19 Filer ID 00027106	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 59,455.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 43,644.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 470.00

SUBTOTALS - JC/OH

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/29 Rpt: 4/65	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Roth, Donna (T	The Honorable)		00027106
4 Date 5	Full name of contributor Out-of-state PAC (ID#	)	7 Amount of Contribution (\$)
02/22/2023	Adams, Will (Mr.)		\$1,000.00
6	Contributor address; City; State; Zip Code		
	Katy, TX 77494		
8 Contributor's Prin	ncipal Occupation	9 Contributor's Job Title	
Attorney	alay of the section o	Attorney	
10 Contributor's emp The Adams Lay		<b>11</b> Law firm of contributor's sp	bouse (if any)
	child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#	. )	Amount of Contribution (\$)
02/01/2023	Full name of contributor Out-of-state PAC (ID# Ahmad, Zavitsanos, Anaipakos, Alavi & Mensii		\$5,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77010		
Contributor's Prin	ncipal Occupation	Contributor's Job Title	
Contributor's emp	ployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
02/16/2023	Andrews Myers		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's Prin	ncipal Occupation	Contributor's Job Title	
Contributor's emp	nlovor/low firm	Law firm of contributor's sp	
Contributor s emp			
If contributor is a	child, law firm of parent(s) (if any)		
	Tayas Ethics Commission	es stato ty us	Version V2.5.1.2ac88bc0

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/29 Rpt: 5/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna (The Honorable)		00027106	
4 Date 5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
02/21/2023 Anthony G. Buzbee, LP		\$2,500.00	
6 Contributor address; City; State; Zip Code			
Houston, TX 77002			
8 Contributor's Principal Occupation	9 Contributor's Job Title		
<b>10</b> Contributor's employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
<b>12</b> If contributor is a child, law infit of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID# 03/07/2023 Baker Botts Amicus Fund	:)	Amount of Contribution (\$) \$2,500.00	
		φ2,300.00	
Contributor address; City; State; Zip Code			
Houston, TX 77002			
Contributor's Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
02/20/2023 Bartholet Mediation		\$500.00	
Contributor address; City; State; Zip Code			
Houston, TX 77027	1		
Contributor's Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm	Law firm of contributor's sp	ouse (ii any)	
If contributor is a child, law firm of parent(s) (if any)			
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The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/29 Rpt: 6/65
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	(The Honorable)		00027106
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/03/2023	Beck Redden LLP		\$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77010		
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	amployer/low firm	<b>11</b> Law firm of contributor's sp	nouse (if any)
	employernaw intri	II Law min of contributors sp	Jouse (II ally)
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/20/2023	Benny Agosto, Jr., PC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributorio [		Contributor's Job Title	
Contributors F	Principal Occupation		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/16/2023	Boyar & Miller PC		\$500.00
	Contributor address; City; State; Zip Code		
	Houston TX 77009		
	Houston, TX 77098		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	•	
	by Tayaa Ethica Commission		

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/29 Rpt: 7/65
2 FILER NAME Roth, Donna	(The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027106
02/20/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ Brann, Scott (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$1,000.00
	Houston, TX 77009		
8 Contributor's Pr Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's er Brann Sulliva	n Trial Lawyers	11 Law firm of contributor's sp	iouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#:_ Broocks, Linda (Mrs.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$250.00
	Houston, TX 77002		
Contributor's Pr Attorney	rincipal Occupation	Contributor's Job Title Attorney	
Contributor's er Kean Miller Ll	nployer/law firm LP	Law firm of contributor's sp	iouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 02/20/2023	Full name of contributor out-of-state PAC (ID#:_ Buck Keenan Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00
	Houston, TX 77019		
Contributor's Pr	rincipal Occupation	Contributor's Job Title	
Contributor's er	nployer/law firm	Law firm of contributor's sp	iouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
	www.ethics		Version V/2 5 1 3ac88bc0

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/29 Rpt: 8/65	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filer	s)	
Roth, Donna	a (The Honorable)		00027106	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
02/16/2023	Chamberlain, Hrdlicka, White, Williams & Aught	iry	\$50	00.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77002			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	1	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	spouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/05/2023	Chandler, Troy (Mr.)		\$1,00	00.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Contributor's F	Principal Occupation	Contributor's Job Title	·	
Attorney		Attorney		
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)	
Chandler Mo	:Nulty, LLP			
If contributor is	s a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor X out-of-state PAC (ID#:	C00151340 )	Amount of Contribution (\$)	
02/23/2023	DLA Piper LLP (US) Political Action Committee		\$50	00.00
	Contributor address; City; State; Zip Code			
	Washington, DC 20004			
Contributor's F	Principal Occupation	Contributor's Job Title	1	
Contributor's employer/law firm Law firm of contributor's sp		spouse (if any)		
If contributor is	If contributor is a child, law firm of parent(s) (if any)			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/29 Rpt: 9/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Roth, Donna	(The Honorable)		00027106
4 Date	<b>5</b> Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/20/2023	Doyle, Jeremy (Mr.)		\$1,000.00
	6 Contributor address; City; State; Zip Code		
<b>0</b> Constributorio I	Houston, TX 77024	<b>0</b> Contributorio Job Title	
Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's e	mplover/law firm	11 Law firm of contributor's sp	nouse (if any)
Reynolds Fri		II Law IIIII of contributors sp	
-	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	Ì	Amount of Contribution (\$)
02/20/2023	Edgardo E. Colon, P.C.		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77007		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/06/2023	Faubus, Dax (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Attorney	Principal Occupation	Contributor's Job Title	
	employer/law firm	Attorney Law firm of contributor's sp	pource (if any)
The Faubus		Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 3ac88bc0

The Instrue	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 7/29 Rpt: 10/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Roth, Donna	(The Honorable)		00027106
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/04/2023	Fernelius, Stephen (Mr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Sugar Land , TX 77479		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	mpioyer/law firm It Boult Cummings LLP	<b>11</b> Law firm of contributor's sp	oouse (if any)
-	s a child, law firm of parent(s) (if any)		
	s a child, law infinition parent(s) (in any)		
Date	Full name of contributor Out-of-state PAC (ID#:	``````````````````````````````````````	Amount of Contribution (\$)
02/20/2023	Full name of contributor out-of-state PAC (ID#: Freeman, Tracy (Mr.)	)	\$125.00
02/20/2020	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Cox PLLC			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Fuller, Lanease (Mrs.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77051	1	
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm ASE FULLER	Law firm of contributor's sp	oouse (if any)
	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.3ac88bc0

The Instruction	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/29 Rpt: 11/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Roth, Donna (Tl	ne Honorable)		00027106
02/22/2023	Full name of contributor       out-of-state PAC (ID#:_         Funk, Darrell (Mr.)         Contributor address; City; State; Zip Code	)	7 Amount of Contribution (\$) \$100.00
	Houston, TX 77024		
8 Contributor's Prine Attorney	cipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's emp	loyer/law firm	11 Law firm of contributor's sp	oouse (if any)
Gray Reed & M	cGraw		
12 If contributor is a o	child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/20/2023	Garcia, Stacy (Mrs.)		\$200.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478		
Contributor's Princ	cipal Occupation	Contributor's Job Title	•
Attorney		Attorney	
Contributor's emp	loyer/law firm	Law firm of contributor's sp	oouse (if any)
Edwards & Gard	sia		
If contributor is a o	child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/15/2023	Gerke, Michael (Mr.)		\$250.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459		
Contributor's Print		Contributor's Job Title	
Attorney		Attorney	
Contributor's emp	lover/law firm	Law firm of contributor's sp	nouse (if any)
The Gerke Law	-		
	child, law firm of parent(s) (if any)	I	
Formo provido d bu :	Texas Ethics Commission www.ethics	s.state.tx.us	Version V3.5.1.3ac88bc0

The Instruc	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/29 Rpt: 12/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	(The Honorable)		00027106
4 Date 02/06/2023	5 Full name of contributor out-of-state PAC (ID#:_ Gibbs, Robin (Mr.)	)	7 Amount of Contribution (\$) \$500.00
02/00/2020			
	Houston, TX 77002		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Gibbs & Brur	ns, LLP		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 02/06/2023	Full name of contributor out-of-state PAC (ID#: Glaze, Jordan (Mr.)	)	Amount of Contribution (\$) \$1,000.00
02/00/2023	Contributor address; City; State; Zip Code		\$1,000.00
	Contributor address; City; State; Zip Code		
	Gilmer, TX 75644		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Glaze Garret	t		
If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/07/2023	Goldberg, Daniel (Mr.)		\$180.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77004	T	
	rincipal Occupation	Contributor's Job Title	
Attorney	and a var flave firme	Attorney	
	mployer/law firm g Law Office PLLC	Law firm of contributor's sp	ouse (if any)
	s a child, law firm of parent(s) (if any)		
	a clinu, law littl of parent(s) (il any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.3ac88bc0

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/29 Rpt: 13/65	
2 FILER NAME	2 FILER NAME Roth, Donna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027106
	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/20/2023	Goolsby, Edward (Mr.)	)	\$100.00
	6 Contributor address; City; State; Zip Code		•
	Houston, TX 77008		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
	tsanos & Mensing, P.C.		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (*)
Date 02/06/2023	Full name of contributor out-of-state PAC (ID#:_ Gray Reed & McGraw	)	Amount of Contribution (\$) \$500.00
02/00/2020	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/14/2023	Gregor, Thomas (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Gregor Wynne Arney, PLLC			
If contributor is a child, law firm of parent(s) (if any)			
Forms provided I	by Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 3ac88bc0

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/29 Rpt: 14/65			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Roth, Donna	Roth, Donna (The Honorable)		00027106		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)		
02/24/2023	Hadi, Husein (Mr.)		\$1,000.00		
	6 Contributor address; City; State; Zip Code				
	Sugar Land , TX 77479				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
Attorney		Attorney			
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)		
The Hadi La					
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
02/20/2023	Hanszen LaPorte	· · · · · · · · · · · · · · · · · · ·	\$1,000.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77079				
Contributor's F	Principal Occupation	Contributor's Job Title	•		
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
02/01/2023	Hardin, Russell (Mr.)		\$1,000.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77005				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)			
Rusty Hardin & Associates, LLP					
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/29 Rpt: 15/65	
2 FILER NAME Roth, Donna	2 FILER NAME Roth, Donna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00027106
4 Date 02/20/2023			7 Amount of Contribution (\$) \$500.00
	Houston, TX 77063		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
	velopment Director	Business Development	Director
10 Contributor's e		<b>11</b> Law firm of contributor's sp	oouse (if any)
	d Health System		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Hinojosa Law		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	1	
Date 02/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hoover Slovacek Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Houston, TX 77210		
Contributor's F	Principal Occupation	Contributor's Job Title	I
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
	by Toyac Ethics Commission		Version V/2 5 1 23c88bc0

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/29 Rpt: 16/65	
2 FILER NAME Roth, Donna	2 FILER NAME Roth, Donna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027106
4 Date 02/20/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Horowitz III, Daniel (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$250.00
	Houston, TX 77018		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
	ice of Daniel D. Horowitz, III, PC		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Houston, Samuel (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77041		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Scott, Clawa	ter, and Houston LLP		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/16/2023	Jackson Walker LLP		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
L	hy Toyog Ethiog Commission		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 14/29 Rpt: 17/65	
2 FILER NAME Roth, Donna	2 FILER NAME Roth, Donna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00027106	
4 Date 02/20/2023	5 Full name of contributor out-of-state PAC (ID#: K. Griff Investigations		<ul><li>7 Amount of Contribution (\$)</li><li>\$250.00</li></ul>	
	6 Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#: Kean Miller LLP	)	Amount of Contribution (\$)	
02/22/2023	Contributor address; City; State; Zip Code		\$250.00	
	Houston, TX 77002			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/08/2023	Kherkher, Steve (Mr.) Contributor address; City; State; Zip Code		\$1,000.00	
	Houston, TX 77098			
	Principal Occupation	Contributor's Job Title		
Attorney     Attorney       Contributor's employer/law firm     Law firm of contributor's sp		nouse (if any)		
Kherkher Garcia				
If contributor is a child, law firm of parent(s) (if any)				
	by Tayas Ethics Commission	e etato ty ue	Version V/2 5 1 23c88bc0	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/29 Rpt: 18/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna (The Honorable)		00027106	
4 Date       5 Full name of contributor       □ out-of-state PAC (ID#         02/20/2023       Kretzer, Seth (Mr.)         6 Contributor address; City; State; Zip Code	:)	7 Amount of Contribution (\$) \$250.00	
Houston, TX 77002			
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Attorney		
10 Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
Law Office of Seth Kretzer			
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
02/20/2023 Kretzer, Seth (Mr.)		\$250.00	
Contributor address; City; State; Zip Code			
Houston, TX 77002			
Contributor's Principal Occupation	Contributor's Job Title		
Attorney	Attorney		
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)	
Law Office of Seth Kretzer			
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)	
03/08/2023 LeBlanc, Jared (Mr.)		\$250.00	
Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code		
Houston, TX 77018			
Contributor's Principal Occupation	Contributor's Job Title		
Attorney	Attorney		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
LeBlanc Flanery PLLC			
If contributor is a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/29 Rpt: 19/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna	(The Honorable)		00027106
4 Date 02/15/2023	5 Full name of contributor out-of-state PAC (ID#: Livingston, Phillip (Mr.)		7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77027		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Phillip R. Livi			
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Lopez, Jose (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77007		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
	f Jose R. Lopez		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Manji, Abel (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77479		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Hird, Chu, Lawji & Manji			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/29 Rpt: 20/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna	(The Honorable)		00027106
4 Date 02/20/2023	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77009		
8 Contributor's P Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	
<b>10</b> Contributor's e Yetter Colem		<b>11</b> Law firm of contributor's sp	oouse (if any)
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/21/2023	McLeod, William		\$150.00
	Contributor address; City; State; Zip Code		
	Humble, TX 77346		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
	ce of William D. McLeod		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Meade, Andrew (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)
Meade Neese & Barr LLP			
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/29 Rpt: 21/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna	(The Honorable)		00027106
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: Medina, David (Mr.)		<ul><li>7 Amount of Contribution (\$)</li><li>\$250.00</li></ul>
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77007		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
	Hrdlicka Attorneys at Law		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Mendoza, Paris (Mr.)		\$1,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77079		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
	of Paris Mendoza		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:.	)	Amount of Contribution (\$)
02/20/2023	Moore, Daryl (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77098		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)
Ahmad, Zavitsanos & Mensing			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/29 Rpt: 22/65	
2 FILER NAME Roth, Donna	2 FILER NAME Roth, Donna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00027106
4 Date 02/21/2023	<ul> <li>5 Full name of contributorout-of-state PAC (ID#:</li></ul>		7 Amount of Contribution (\$) \$1,000.00
	Houston, TX 77006		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Mukerji Law	Firm	Mukerji Law Firm	
12 If contributor is	s a child, law firm of parent(s) (if any)	L	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/06/2023	Munsch Hardt Kopf & Harr		\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/08/2023	Norton Rose Fulbright US LLP Texas Committe		\$1,000.00
	Contributor address; City; State; Zip Code	-	
	Houston, TX 77010		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/29 Rpt: 23/65	
2 FILER NAME Roth, Donna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00027106	
02/20/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Patterson, Pete (Mr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$500.00
	Houston, TX 77006		
	rincipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	lit and h
<b>10</b> Contributor's en Patterson, PC		<b>11</b> Law firm of contributor's sp	ouse (if any)
	a child, law firm of parent(s) (if any)		
Date 06/30/2023			Amount of Contribution (\$) \$250.00
Contributor's P	Houston, TX 77006	Contributor's Job Title	
Attorney		Attorney	
Contributor's el Patterson, P.	mployer/law firm C.	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date       Full name of contributor       out-of-state PAC (ID#:)         02/20/2023       Paxton Law Firm         Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00	
	Houston, TX 77056		
Contributor's Principal Occupation     Contributor's Job Title			
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/29 Rpt: 24/65	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Roth, Donna (The Honorable)		00027106	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/20/2023	Peckham, Charles (Mr.)		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Houston, TX 77057		
	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Peckham Ma			
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/20/2023	Pusch & Nguyen		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77023		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)
Contributor 5 C			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/14/2023	R James Amaro PC	)	\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's F	I Principal Occupation	Contributor's Job Title	I
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 22/29 Rpt: 25/65	
2 FILER NAME Roth, Donna	(The Honorable)	3 Filer ID (Ethics Commission Filers) 00027106	
4 Date 02/20/2023	5 Full name of contributor out-of-state PAC (ID#:_ ReedSmith	)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
	Pittsburgh , PA 15222		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	—	)	Amount of Contribution (\$)
02/14/2023	Reynolds Frizzell Contributor address; City; State; Zip Code		\$1,000.00
	Contributor address, City, State, Zip Code		
Contributor's F	Houston, TX 77002 Principal Occupation	Contributor's Job Title	
Contributor 3 1			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/03/2023	Reynolds, Chris (Mr.)		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Attorney		Attorney	<i>///</i>
Reynolds Fri	employer/law firm izzell	Law firm of contributor's sp	oouse (If any)
	s a child, law firm of parent(s) (if any)		
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 23/29 Rpt: 26/65
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna	(The Honorable)	00027106	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/20/2023	Riley, Timothy (Mr.)		\$150.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77007		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
Riley Law Fi			
-	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/20/2023	Rothman, Marcy (Mrs.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75202		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Kane Russel	l Coleman Logan PC		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/20/2023	Schreiber, Joseph (Mr.)		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77024	1	
	Principal Occupation	Contributor's Job Title Attorney	
Attorney	employer/law firm		
	inckaert, PLLC	Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 24/29 Rpt: 27/65			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	a (The Honorable)	00027106				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)			
02/23/2023	Seerden, Michael (Mr.)		\$500.00			
	6 Contributor address; City; State; Zip Code					
	Houston, TX 77009					
8 Contributor's R	Principal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
The Seerder	n Law Firm, PLLC					
	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
02/21/2023	Shackelford, Bowen, McKinley & Norton	/	\$1,000.00			
	Contributor address; City; State; Zip Code					
	Contributor address, City, State, Zip Code					
	Houston, TX 77002					
Contributor's I	Principal Occupation	Contributor's Job Title				
Contributorio	amploy or flow firm	Low firm of contributor's on				
Contributors	employer/law firm	Law firm of contributor's sp	Jouse (ii any)			
If contributor i	a a abild low firm of parant(a) (if any)					
	s a child, law firm of parent(s) (if any)					
Data						
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
02/20/2023	Smyser Kaplan & Veselka		\$500.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77002					
Contributor's I	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)			
If contributor is	If contributor is a child, law firm of parent(s) (if any)					
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The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 25/29 Rpt: 28/65
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Roth, Donna (The Honorable)	00027106	
4 Date     5 Full name of contributor     out-of-state PAC (ID: 02/20/2023)       Stam, Charles (Mr.)	#:)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code		
Houston, TX 77006		
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Attorney	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Hinojosa Law PLLC		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
02/20/2023 Stone, Kathleen (Mrs.)		\$500.00
Contributor address; City; State; Zip Code		
Houston, TX 77055		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Law Office of Kathleen Stone		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
02/20/2023 Storey, Joann (Mrs.)		\$250.00
Contributor address; City; State; Zip Code		
Houston, TX 77007		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
JoAnn Storey, P.C.		
If contributor is a child, law firm of parent(s) (if any)	•	
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 27/29 Rpt: 30/65
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Roth, Donna	(The Honorable)	00027106	
	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/08/2023	Thweatt, Larry (Mr.)	\$500.00	
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77046		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
Terry Thwea			
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/15/2023	Tracey, Sean (Mr.)		\$2,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Tracey & Fox			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/20/2023	Vargo, Travis (Mr.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Vargo Law F			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.3ac88bc0

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 28/29 Rpt: 31/65				
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
Roth, Donna	(The Honorable)	00027106					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)				
02/20/2023	Vilandos, Marilyn (Mrs.)		\$125.00				
	6 Contributor address; City; State; Zip Code						
	Houston, TX 77063						
8 Contributor's F	Principal Occupation	9 Contributor's Job Title					
Attorney		Attorney					
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)				
Schouest, Ba	amdas, Soshea & BenMaier PLLC						
12 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)				
02/20/2023	Wadler Law	)	\$250.00				
02/20/2020			φ <u>2</u> 00.00				
	Contributor address; City; State; Zip Code						
	Houston TX 77027						
	Houston, TX 77027	Contributor's Job Title					
Contributor's F	Principal Occupation						
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)				
02/01/2023	Ware Jackson Lee O'Neill Smith Barrow		\$500.00				
	Contributor address; City; State; Zip Code						
	Houston, TX 77019						
Contributor's F	Principal Occupation	Contributor's Job Title					
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
	by Tayoo Ethico Commission						

The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A(J)1: Sch: 29/29 Rpt: 32/65				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Roth, Donna	(The Honorable)	00027106				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)			
02/20/2023	Wilson, Daniel (Mr.)		\$75.00			
	6 Contributor address; City; State; Zip Code					
	Bellaire, TX 77401					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)			
Susman Goo	dfrey					
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
02/08/2023	Wright Close & Barger		\$1,000.00			
	Contributor address; City; State; Zip Code					
O sustaila standa I	Houston, TX 77056	Operatelike standa dala Titla				
Contributors	Principal Occupation	Contributor's Job Title				
Contributor's 6	employer/law firm	Law firm of contributor's sp	nouse (if any)			
Contributor e C						
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
02/01/2023	Yetter Coleman LLP	······································	\$1,000.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77002					
Contributor's F	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
L Formo providad	by Taxas Ethics Commission www.athic	e etato ty ue	Version V3 5 1 3ac88bc0			

			EXPENDITURE C	ATEGOR	IES FOR	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			y - Gift/Awards/Memorials Expense Polling Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	s)			
	Sch: 1/30 Rpt: 33/65		Roth, Donna (The Honorable) 00027106									
4	Date	5	Payee name									
	01/03/2023		ABOTA									
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le						
	\$100.00		2001 Bryan Street									
			Suite 3000									
			Dallas, TX 75201									
8	PURPOSE		0-4			(b) Description						
	OF	("	Category (See Categories listed at the to Fees	p of this schei	dule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense				
						Membership						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH												
	Date		Payee name									
	05/02/2023		ABOTA									
	Amount (\$)		Payee address; City;	State;	Zip Coo	le						
	\$445.00		2001 Bryan Street									
			Suite 3000									
			Dallas, TX 75201									
	PURPOSE	(a)	Category (See Categories listed at the to	n of this scho	dula)	(b) Description						
			ABOTA CLE cost		duic)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE							officeholder living expense				
						ABOTA CLE	CO3	st				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held				
	Date		Payee name									
	06/05/2023		Air BNB									
	Amount (\$)		Payee address; City;	State;	Zip Coo	le						
	\$561.60		888 Brennan Street									
			San Francisco, CA 94103									
	PURPOSE OF		Category (See Categories listed at the to	p of this schee	dule)	(b) Description	outoi	de of Toylog, Complete Schedule T				
	EXPENDITURE		ABOTA CLE lodging					de of Texas. Complete Schedule T. officeholder living expense				
						ABOTA CLE						
								3 3				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ittee Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense			Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
-	Sch: 2/30 Rpt: 34/65		oth, Donna (The Honorable)					00027106	()	
4	Date 06/05/2023	5 Payee name Alamo Rent - A - Car								
6	Amount (\$) \$290.84									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense         ABOTTA CLE										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	ld	
	Date	Р	ayee name							
	02/20/2023	В	& B Butchers							
	Amount (\$) \$4,445.66	45.66 Payee address; City; State; Zip Code 1814 Washington								
			ouston, TX 77007							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the t vent Expense	op of this sch	iedule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office he	ld	
	Date	Р	ayee name							
	05/26/2023		&B Lemon							
	Amount (\$) \$133.07		ayee address; City; 809 Washington	State;	; Zip Coo	le				
			louston, TX 77007							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the t ood/Beverage Expense	op of this sch	iedule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						draising Expense Equipment & Related Expense t strict a category not listed above)			
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 3/30 Rpt: 35/65	Roth, Donna (Tl	00027106	· · · ·						
4	Date 06/02/2023	5 Payee name B&B Lemon								
6	Amount (\$) \$113.32									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Image: Check if Austin, TX, officeholder living expense       Intern lunch										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office sou	ht	Office h	eld			
	Date	Payee name								
	06/23/2023	Backstreet Cafe	!							
	Amount (\$) \$147.33	Payee address; 1103 S. Shephe		; Zip Coo	le					
		Houston, TX 77	019							
	PURPOSE OF EXPENDITURE	Category <sub>(See Cat</sub> Food/Beverage	egories listed at the top of this sch Expense	nedule)		outside of Texas. Con n, TX, officeholder livin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H			ht	Office h	eld			
	Date	Payee name								
	03/28/2023	Barnaby's Cafe								
	Amount (\$) \$90.50	Payee address; 801 Congress S	-	; Zip Coo	le					
		Houston, TX 77								
	PURPOSE OF EXPENDITURE	Category <sub>(See Cat</sub> Food/Beverage	egories listed at the top of this sch Expense	nedule)		outside of Texas. Con n, TX, officeholder livin <b>nCh</b>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeho	lder name	Office sou	ht	Office h	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	Overhe Exper g Expe es/Wag	pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · · ·		3 Filer ID (Ethics Commission Filers)			
-	Sch: 4/30 Rpt: 36/65	2	00027106					
4	Date 05/31/2023							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$71.00 801 Congress St. #175 Houston, TX 77002							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Good/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ough	ght Office held			
	Date		Payee name					
	02/14/2023		Bayou City Strategies					
	Amount (\$)		Payee address; City; State; Zip	Code	de			
	\$500.00		P.O. Box 667204 Housont, TX 77266					
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Consulting Expense	(t	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ght Office held				
	Date		Payee name					
	01/01/2023		Bosscat Kitchen & Libations					
	Amount (\$) \$241.26		Payee address; City; State; Zip 4301 Westheimer	Code	de			
			Houston, TX 77027					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(t	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Swearing in brunch			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ough	ght Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	lains	Office Over Polling Exp Printing Ex Salaries/W	rheac iense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Col							
	Sch: 5/30 Rpt: 37/65		Roth, Donna (The Honorable)						00027106	
4	Date 06/29/2023	5	Payee name Brasserie 19							
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	de				
	\$411.78		1962 W. Gray Street	o tato,	, <u>_</u> , _,					
			Houston, TX 77019							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his sch	edule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense						de of Texas. Complete Schedule T.	
								, IX,	officeholder living expense	
							Intern dinner			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	06/27/2023		Brennan's							
	Amount (\$)		Payee address; City;	State:	; Zip Co					
	.,			State,	, zip cou	Je				
	\$153.95		3300 Smith Street							
			Houston, TX 77006							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sch	iedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense		ŕ		Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE							, TX,	officeholder living expense	
							Intern lunch			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	03/20/2023		Carrousel Travel							
	Amount (\$)			Stato:	; Zip Co					
	\$6,774.00			State,	, zip cou	Je				
	Φ0,774.00		6625 Lyndale Avenue South							
			Minneapolis, MN 55423							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sch	iedule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District						de of Texas. Complete Schedule T.	
									officeholder living expense	
							ABO I A Interi	nati	ional Conference	
	Complete ONLY if direct		andidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	-1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan F Office Polling Printin Salarie	Repayn Overhe Exper g Expe es/Wag	nent/Reimbursement ead/Rental Expense ise inse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 6/30 Rpt: 38/65		Roth, Donna (The Honorable)					00027106	
4	Date 03/24/2023	5	Payee name Carrousel Travel						
6	Amount (\$)	7	Payee address; City; S	State; Zip	Code	)			
	\$100.00 6625 Lyndale Avenue South								
			Minneapolis, MN 55423						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of the Fees	nis schedule)	(t			de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office s	ough	t		Office held	
	Date		Payee name						
	06/05/2023		Carrousel Travel						
	Amount (\$)		Payee address; City; S	State; Zip	Code	9			
	\$175.00		6625 Lyndale Avenue South Minneapolis, MN 55423						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Event Expense	nis schedule)	(k	Check if Austin	n, TX,	de of Texas. Complete Schedule T. . officeholder living expense ional conference	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office s	ough	t		Office held	
	Date		Payee name						
	06/09/2023		Chick Fil A						
	Amount (\$) \$119.61		Payee address; City; S 2715 Southwest Freeway	State; Zip	Code	3			
			Houston, TX 77098						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Food/Beverage Expense	nis schedule)	(t		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ough	t		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	C P S	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)				
	Sch: 7/30 Rpt: 39/65		Roth, Donna (The Honorable)					00027106		
4	Date 06/22/2023	5	Payee name Christy's DoNuts							
6	Amount (\$)	7	Payee address; City; Sta	ite; 2	Zip Co	le				
	\$29.00 1103 W. Gray									
			Houston, TX 77019							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Food/Beverage Expense	schedu	ule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offi	ice souç	ht		Office held		
	Date		Payee name							
	05/23/2023		Constant Contact							
	Amount (\$)		Payee address; City; Sta	ite; 2	Zip Co	le				
	\$489.36		1601 Trapelo Road		•					
			Suite 329							
			Waltham, ME 02451							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Advertising Expense	schedu	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense N		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice souç	ht		Office held		
	Date		Payee name							
	01/17/2023		Costco Wholesale							
	Amount (\$)		Payee address; City; Sta	ite; 2	Zip Co	le				
	\$320.08		3836 Richmond							
			Houston, TX 77027		i					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this Office Overhead/Rental Expense	schedu	ule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense supplies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Offi	ice souç	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Git/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 8/30 Rpt: 40/65	Roth, Donna (The Honorable)	00027106						
4	Date	Payee name							
	01/27/2023	Costco Wholesale							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$53.04	3836 Richmond							
		Houston, TX 77027							
8	PURPOSE								
°	OF	(b) Description	outside of Texas. Complete Schedule T.						
	EXPENDITURE		, TX, officeholder living expense						
		Jury and offic							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/18/2023	Costco Wholesale							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$149.47	3836 Richmond							
		Houston, TX 77027							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense CE SUPPIIES						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/30/2023	Costco Wholesale							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$187.23	3836 Richmond							
		Houston, TX 77027							
	PURPOSE OF	Category     (See Categories listed at the top of this schedule)     (b)     Description							
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense CE SUPPIIES						
	Complete ONLV if direct	Candidate/Officeholder name Office sought	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Onice neiu						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials tee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FII	FILER NAME 3 F						(Ethics Commission Filers)	
	Sch: 9/30 Rpt: 41/65	1/65Roth, Donna (The Honorable)00027106								
4	Date 06/24/2023		yee name ostco Wholesale							
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$182.55       3836 Richmond         Houston, TX 77027									
8	PURPOSE OF EXPENDITURE		ttegory (See Categories listed at th ood/Beverage Expense	ne top of this sch	edule)		n, TX	ide of Texas. Comp , officeholder living SUPPlieS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office souç	ht		Office he	ld	
	Date	Pa	yee name							
	05/01/2023	D	C Benevolent Fund							
	Amount (\$) \$50.00	20	yee address; City; 1 Caroline buston, TX 77002	State;	; Zip Coo	le				
	PURPOSE OF EXPENDITURE	Co	tegory (See Categories listed at tr ontributions/Donations Ma andidate/Officeholder/Poli	de By				ide of Texas. Comp , officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Dffice soug	ht		Office he	ld	
	Date	Pa	yee name							
	04/04/2023		npty Vase							
	Amount (\$) \$153.72		yee address; City; 05-A Directors Row	State;	; Zip Coo	le				
		Но	ouston, TX 77092							
	PURPOSE OF EXPENDITURE		ttegory (See Categories listed at th ft/Awards/Memorials Expo		iedule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Dffice sou	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Overhe J Expen g Exper es/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 10/30 Rpt: 42/65		Roth, Donna (The Honorable)	00027106						
4	Date 04/26/2023		Payee name Empty Vase							
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$132.07       4405-A Directors Row         Houston, TX 77092										
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought			Office held			
	Date		Payee name							
	06/10/2023		Frank's Pizza							
	Amount (\$) \$63.75		Payee address; City; State; Zip 417 Travis	Code						
			Houston, TX 77002							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought	:		Office held			
	Date		Payee name							
	02/21/2023		Grotto							
	Amount (\$) \$186.96		Payee address; City; State; Zip 4715 Westheimer	Code						
			Houston, TX 77027							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)		тx,	de of Texas. Complete Schedule T. officeholder living expense dinner			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office s	sought	: 		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services	Fees         Office Overhead/Rental Expense         Tran           Food/Beverage Expense         Polling Expense         Trav           Gift/Awards/Memorials Expense         Printing Expense         Trav					
1	Total pages Schedule F1:	2	•			3	Filer ID (Ethics Commission Filers)		
1	Sch: 11/30 Rpt: 43/65	2	Roth, Donna (The Honorable)				00027106		
4	Date	5	Payee name						
	04/06/2023		HCDP						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$10,000.00		4619 Lyons Avenue						
			Houston, TX 77020						
8	PURPOSE	(a)			(b) Description				
Ŭ	OF	("	Category (See Categories listed at the top of this sched Contributions/Donations Made By	dule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Candidate/Officeholder/Political Commit	ttee			, officeholder living expense		
					Contribution				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	ffice soug	ght		Office held		
	Date		Payee name						
	01/27/2023		HEB						
				Zin Cor	da				
	Amount (\$)			Zip Co	de				
	\$35.02		1701 West Alabama						
			Houston, TX 77098						
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,	Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Jury and offic	ce s	supplies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	ffice souç	ght		Office held		
	Date		Payee name						
	02/06/2023		HEB						
				7: 0					
	Amount (\$)		<b>,</b> , <b>,</b> , , , , , , , , , , , , , , ,	Zip Coo	de				
	\$9.96		1701 West Alabama						
			Houston, TX 77098						
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description				
	OF	Ľ	Food/Beverage Expense	uuic)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, TX	, officeholder living expense		
					Juror breakfa	st			
-	Complete ONLY if direct	L(	Candidate/Officeholder name Off	fice soug	ght		Office held		
	expenditure to benefit C/OI				-				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/30 Rpt: 44/65		nna (The Honorable	e)				00027106	
4	Date 02/22/2023	2023 5 Payee name HEB							
6	6 Amount (\$) \$9.96 Houston, TX 77098 7 Payee address; City; State; Zip Code 1701 West Alabama								
8	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	C	Office soug	ht		Office he	eld
	Date	Payee na	me						
	03/10/2023	HEB							
	Amount (\$) \$13.44		dress; City; st Alabama TX 77098	State;	Zip Coo	le			
	PURPOSE OF EXPENDITURE		(See Categories listed at the verage Expense	top of this sche	edule)		n, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office sou	ht		Office he	eld
	Date	Payee na	ne				_		
	03/20/2023	HEB							
	Amount (\$) \$25.44	Payee add 1701 We	dress; City; st Alabama	State;	Zip Coo	le			
		Houston	TX 77098						
	PURPOSE OF EXPENDITURE		(See Categories listed at the verhead/Rental Expe		edule)		ı, TX,	de of Texas. Comp officeholder living SUPPlieS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	C	Office soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Legal Serv	erage Expense s/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pense (ages/	e 'Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2				inpre		3	Filer ID	(Ethics Commission Filers)
L.	Sch: 13/30 Rpt: 45/65	2	Roth, Donna (The I							
4	Date	5	Payee name							
	03/22/2023		HEB							
6	Amount (\$)	7	Payee address; 0	City; State	; Zip Co	de				
	\$100.00		1701 West Alabam	a						
			Houston, TX 77098	3						
8	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Ex		,		Check if travel	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE								officeholder living	) expense
							Juror breakfa	st		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	ght			Office he	eld
	Date		Payee name							
	04/05/2023		HEB							
	Amount (\$)		Payee address; 0	City; State	; Zip Co	de				
	\$9.96		1701 West Alabam		· •					
			Houston, TX 77098	}						
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Ex	pense					de of Texas. Com	
									officeholder living	j expense
							Juror breakfa	เรเ		
	Complete ONIL V if direct		andidate/Officeholder		Office cour	abt			Office he	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Onicenoidei	name c	Office sou	ynt			Office fie	eiu
-	Date		Payee name							
	04/14/2023		HEB							
				Situri Stata	; Zip Co	do				
	Amount (\$)		-		, zip co	ue				
	\$15.37		1701 West Alabam	a						
			Houston, TX 77098							
	PURPOSE	(a)		es listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Ex	pense						plete Schedule T.
	-								officeholder living	j expense
							Juror breakfa	ເວເ		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	ght			Office he	eld

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 14/30 Rpt: 46/65		Roth, Donna (The Honorable)				00027106		
4	Date 02/03/2023		Payee name Herbsaint Bar and Restaurant						
6	6 Amount (\$) \$69.86 \$69.86 New Orleans, LA 70130 7 Payee address; City; State; Zip Code New Orleans, LA 70130								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	06/18/2023		Hobby Fastpark						
	Amount (\$) \$38.00		8202 Hansen Road	Zip Co	le				
	PURPOSE OF EXPENDITURE	(a)	Houston, TX 77075 Category (See Categories listed at the top of this sche Parking	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ht		Office held		
	Date		Payee name						
	05/22/2023		Houston Bar Association						
	Amount (\$) \$1,250.00		Payee address; City; State; 1111 Bagby FLB 200 Houston, TX 77002	Zip Coo	le				
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Moderation       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Night Court sponsorship						officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · ·	Filer ID (Ethics Commission Filers)						
-	Sch: 15/30 Rpt: 47/65	Roth, Donna (The Honorable)	00027106						
4	Date	Payee name							
	02/22/2023	Houston Society for Change							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	1507 California Street #2							
		Houston , TX 77006							
8	PURPOSE	i							
ľ	OF	<ul> <li>A) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel out</li> </ul>	tside of Texas. Complete Schedule T.						
	EXPENDITURE		X, officeholder living expense						
		Sponsorship							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
⊨	Date	Pavee name							
	06/01/2023	Houston Trial Lawyer's Association							
_									
	Amount (\$)	Payee address; City; State; Zip Code							
	\$75.00	777 Post Oak Blvd. #450							
		Houston, TX 77056							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense	tside of Texas. Complete Schedule T.						
			X, officeholder living expense						
		Luncheon							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/25/2023	Houstonian							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$21.00	111 N Post Oak Lane							
		Houston, TX 77024							
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF Parking Parking Check if travel outside of Texas. Complete Schedule T.								
	-		X, officeholder living expense						
		Parking							
	0 1 1 0 11 1 1								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 16/30 Rpt: 48/65		Roth, Donna (The Honorable)				00027106		
4	Date	5	Payee name						
	03/03/2023 Hyatt Centric The Woodlands								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$23.82		9595 Six Pines Dr #1100						
			The Woodlands, TX 77380						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description				
	OF		Parking	edule)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE				Check if Austin	, тх,	, officeholder living expense		
					Parking				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	04/13/2023		Kolache Factory						
_	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$66.00		2045 Westheimer						
	400.00								
			Houston, TX 77098						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Juror breakfa				
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	nht		Office held		
	expenditure to benefit C/OF				9.1C				
_	Data								
	Date 06/08/2023		Payee name						
			Kolache Factory						
	Amount (\$)			Zip Co	de				
	\$77.70		2045 Westheimer						
			Houston, TX 77098						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Juror breakfa	St			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held		
	onpenditure to benefit C/Of	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explair	Offic Poll Prin Sala	ce Over ling Expe nting Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense		
1	Total pages Schedule F1:	2	•		10 0011		12	Filer ID (Ethics 0	Commission Filers)		
1	Sch: 17/30 Rpt: 49/65		Roth, Donna (The Honorable)				J	00027106			
4	Date 06/29/2023		Payee name Kolache Factory								
6	Amount (\$) \$74.08		Payee address; City; Sta 2045 Westheimer Houston, TX 77098	e; Zip	p Cod	e					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Juror breakfast									lule T.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held			
	Date		Payee name								
	04/04/2023		Luby's Cafeteria								
	Amount (\$) \$35.56		Payee address; City; Sta 201 Caroline	e; Zip	p Cod	e					
	DUDDOCE		Houston, TX 77002								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)			ı, TX	ide of Texas. Complete Schec , officeholder living expense	lule T.		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held			
	Date		Payee name								
	04/27/2023		Luby's Cafeteria								
	Amount (\$) \$37.93		Payee address; City; Sta 201 Caroline	e; Zip	p Cod	e					
			Houston, TX 77002								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Food/Beverage Expense	chedule)	)		ı, TX	ide of Texas. Complete Schec , officeholder living expense	lule T.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	e soug	ht		Office held			

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Tatal pages Cabadula F1.			e explains		ipiete tills form.	1	Filer ID (Ethico Commission Filer	
1	Total pages Schedule F1: Sch: 18/30 Rpt: 50/65	2	Roth, Donna (The Honorable	)			3	Filer ID (Ethics Commission Filers 00027106	5)
4	Date	5	Payee name				•		
	06/21/2023		Lymbar						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$49.38		4201 Main Street						
			Houston, TX 77002						
_	DUDDOCE								
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description	outo	side of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					c, officeholder living expense	
						Cocktail with			
							00	louguee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	06/12/2023		MABAH						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$250.00		PO Box 303						
			Houston, TX 77001						
	PURPOSE	(a)				(b) Description			
	OF	```	Category (See Categories listed at the Advertising Expense	top of this sch	iedule)	·	outs	side of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Sponsorship			
	Complete ONLY if direct		Candidate/Officeholder name		 Office soug	ht		Office held	
	expenditure to benefit C/OI				Since Soug	, inc		Office field	
		-							
	Date		Payee name						
	04/19/2023		Mental Health Awareness						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$1,250.00		5535 Memorial Drive, Suite F						
			Houston, TX 77007						
-	PURPOSE				L				
	OF	[(a)	Category (See Categories listed at the		edule)	(b) Description	oute	side of Texas. Complete Schedule T.	
	EXPENDITURE		Contributions/Donations Mad Candidate/Officeholder/Politic		nittoo			c, officeholder living expense	
			Candidate/Oniceriolden/1 oniti	arcomm	muee	Contribution/			
							- 1- 1		
	Complete ONIL V if allocat	Ļ	Condidate Office helds are seen			bt			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	m		Office held	
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
_		1		explains	now to cor	npie	ete unis iorni.	<u> </u>				
1	Total pages Schedule F1: Sch: 19/30 Rpt: 51/65	1	FILER NAME Roth, Donna (The Honorable)					3	Filer ID     (Ethics Commission Filers)       00027106			
4	Date	5	Payee name									
	06/24/2023		Michaels									
6	Amount (\$) \$128.82	7	7 Payee address; City; State; Zip Code 3904 Bissonnet									
			Houston, TX 77005									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Picture framed										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held			
	Date	Γ	Payee name									
	02/04/2023		Napoleon House									
	Amount (\$)	┢	Payee address; City;	State;	; Zip Co	de						
	\$87.58		500 Chartres Street		-							
		-	New Orleans, LA 70130									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	o of this sch	nedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held			
	Date	Γ	Payee name									
	02/04/2023		Omni Hotel									
	Amount (\$) \$1,016.66		Payee address; City; 621 St. Louis St.	State;	; Zip Co	de						
		_	New Orleans, LA 70130									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o f this sch	nedule)	(b)	닐		ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held			

			EXPENDITURE		RIES FOR	BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	xpense	Office Over Polling Exp Printing Ex Salaries/W	head/l ense pense ages/C	Contract Labor		Transportation E Travel in District Travel Out of Di		se
			The Instruction Gui	de explains l	now to cor	npiet	e this form.				
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission F	ilers)
	Sch: 20/30 Rpt: 52/65		Roth, Donna (The Honorable	e)					00027106		
4	Date	5	Payee name								
	03/14/2023		Osso Kristalla								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$45.40		1515 Texas								
			Houston, TX 77002								
_	DUDDOCE	<u> </u>				(1-) -					
8	PURPOSE OF		Category (See Categories listed at the	e top of this sch	edule)	(b) [ г	Description	outei	do of Toxas, Com	plete Schedule T.	
	EXPENDITURE		Food/Beverage Expense			F			officeholder living		
						L	unch with co				
									•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght			Office h	eld	
	Date		Payee name								
	06/16/2023		Osteria Dassisi								
	Amount (\$)	-	Payee address; City;	Stato:	; Zip Co						
	\$286.78		58 S Federal Plaza	State,	, zip cou	JE					
	Φ200.70		50 5 Feueral Plaza								
			Santa Fe, NM 87501								
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this sche	edule)	(b) [	Description				
	EXPENDITURE		Food/Beverage Expense			Ļ			de of Texas. Com officeholder living	plete Schedule T.	
						L	Dinner	, 17,	onicenoider inving	Jexpense	
						L	Diffici				
	Complete ONIL V if direct		Sendidate /Office balder roma						Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jiit			Office h	eiu	
	Date		Payee name								
	02/01/2023		Pappas BBQ								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$152.67		1217 Pierce								
			Houston, TX 77002								
-	PURPOSE		Category (See Categories listed at the			(h) r	Description				
	OF		Food/Beverage Expense	e top of this sch	iedule)	ι», ι Γ		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Todd/Deverage Expense			Ī	Check if Austin,	, TX,	officeholder living	g expense	
						(	Office lunch				
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI										

			EXPENDITURE	CATEGO	RIES FOR	BOX 8	3(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E ittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	head/Rei ense pense ages/Con	htal Expense htract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 F	LER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 21/30 Rpt: 53/65		oth, Donna (The Honorable	)					00027106	· ·
4	Date 04/19/2023		ayee name appas BBQ							
6	Amount (\$) \$177.76	1	ayee address; City; 217 Pierce ouston, TX 77002	State;	; Zip Coo	le				
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Construction of the schedule									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht			Office he	eld
	Date	P	ayee name							
	01/01/2023	Р	ayPal, Inc.							
	Amount (\$) \$826.09		ayee address; City; .O. Box 45950	State;	; Zip Coo	le				
		0	maha, NE 68145							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the ccounting/Banking	top of this sch	nedule)		Check if Austin,	TX,	officeholder living	plete Schedule T. expense 3 through 06/30/2023
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	jht			Office he	eld
	Date	P	ayee name							
	03/05/2023	Р	ost Oak Hotel							
	Amount (\$) \$22.00		ayee address; City; 600 W. Loop S.	State;	; Zip Coo	le				
			ouston, TX 77027		i					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the arking	top of this sch	iedule)				le of Texas. Com officeholder living	plete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht			Office he	eld

				EXP	ENDITURE	CATEGO	RIES FOR	BC	)X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Award Legal Serv	erage Expense Is/Memorials E vices	xpense	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens ages			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2								2	Filer ID	(F	Ethics Commission Filers)		
1	Sch: 22/30 Rpt: 54/65		Roth, Donn		Honorable	e)				3	00027106	(Ľ			
4	Date	5	Payee name												
	02/10/2023		Potbelly												
6	Amount (\$)	7	Payee addre	ss; (	City;	State;	; Zip Co	de							
	\$221.62		1200 Caroli	ine											
			Houston, T	X 7700	2										
8	PURPOSE	<u> </u>						(h)	Description						
°	OF	(a)	Category (S			e top of this sch	edule)	(D)	Description	outsi	de of Texas. Con	nnlete	e Schedule T		
	EXPENDITURE		Food/Bever	aye Ex	pense						officeholder livin				
									Juror lunch						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder	r name	C	Dffice sou	ght			Office h	neld			
	Date		Payee name												
	03/29/2023		Roma Pizza												
_	Amount (\$)		Payee addre		City;	Stato	; Zip Co								
	\$194.12		233 Main S	-	Jity,	Siale,	, Zip Cu	ue							
	Φ194.12		233 Maii 1 3	lleel											
			Houston, T	X 77002	2										
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(S</sub> Food/Bever			e top of this sch	edule)				de of Texas. Con officeholder livin				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholdeı	r name	C	Dffice sou	ght			Office h	neld			
-	Date		Payee name												
	03/31/2023		SP Parking												
	Amount (\$)		Payee addre		City;	State	; Zip Co	de							
	\$15.00		915 Milam	33, <b>(</b>	ony,	State,	, zip co	ac							
	φ10.00		515 Wildin												
			Houston, T	X 77002	2										
	PURPOSE	(a)	Category (S	ee Categori	ies listed at the	top of this sch	edule)	(b)	Description						
	OF EXPENDITURE		Parking								de of Texas. Con	•			
										, TX,	officeholder livin	ng exp	bense		
									Parking						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	iceholder	r name	C	Office sou	ght			Office h	neld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 23/30 Rpt: 55/65		Roth, Donna (The Honorable)				00027106					
4	Date 06/17/2023	5	Payee name Santarepa Cafe									
6	Amount (\$)	7	· · · · · · · · · · · · · · · · · · ·	Zip Co	de							
Ū	\$40.36		229 Johnson Street									
			Santa Fe, NM 87501									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held					
	Date		Payee name									
	04/10/2023		Southwest Airlines									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$512.96		2702 Love Field Drive Dallas, TX 75235	•								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held					
	Date		Payee name									
	06/27/2023		Southwest Airlines									
	Amount (\$) \$629.96		Payee address; City; State; 2702 Love Field Drive	Zip Co	de							
			Dallas, TX 75235									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	ght		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F	verhea xpens Expens Wages	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 24/30 Rpt: 56/65		Roth, Donna (The Honorable)		00027106					
4	Date 02/03/2023	5	Payee name Starbucks							
6	Amount (\$) \$20.09	7	Payee address; City; State; Zip C 5850 East Tex Freeway Beaumont, TX 77708	ode	3					
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>CLE coffee</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught	t Office held					
	Date		Payee name							
	02/16/2023		State Bar of Texas							
	Amount (\$) \$26.00		Payee address; City; State; Zip C 1414 Colorado Street	ode	2					
	PURPOSE OF EXPENDITURE	(a)	Austin, TX 78701 Category (See Categories listed at the top of this schedule) Fees	(b)	<ul> <li>Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Certificate of Good Standing</li> </ul> </li> </ul>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught	t Office held					
	Date		Payee name							
	01/13/2023		Taco Cabana							
	Amount (\$) \$41.11		Payee address; City; State; Zip C 3905 Kirby Dr.	ode						
			Houston, TX 77098							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	<ul> <li>Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Jury breakfast     </li> </ul>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ught	t Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract L	kpense _abor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				:	3	Filer ID (Ethics Commission Filers)		
	Sch: 25/30 Rpt: 57/65		Roth, Donna (The Honorable)						00027106		
4	Date 02/10/2023		Payee name Taco Cabana								
6	Amount (\$) \$61.67		Payee address; City; 3905 Kirby Dr. Houston, TX 77098	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Food/Beverage Expense       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Juror breakfast									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht			Office held		
	Date		Payee name								
	04/12/2023		Taco Cabana								
	Amount (\$) \$43.28		Payee address; City; 3905 Kirby Dr.	State;	; Zip Co	de					
			Houston, TX 77098								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	o of this sch	iedule)	Checl	k if travel o	TX, (	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	jht			Office held		
	Date		Payee name								
	06/07/2023		Taco Cabana								
	Amount (\$) \$43.28		Payee address; City; 3905 Kirby Dr.	State;	; Zip Co	le					
			Houston, TX 77098								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	o of this sch	edule)	Checl	k if travel o	TX, (	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht			Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
1	Sch: 26/30 Rpt: 58/65	Roth, Donna (The Honorable)	00027106					
4	Date 06/22/2023	5 Payee name Taco Cabana						
6	Amount (\$) \$43.28	7 Payee address; City; State; Zip Code 3905 Kirby Dr. Houston, TX 77098						
8								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/30/2023	Target						
	Amount (\$) \$9.72	Payee address; City; State; Zip Code 2580 Shearn St						
		Houston, TX 77007						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense SupplieS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/06/2023	Target						
	Amount (\$) \$17.07	Payee address; City; State; Zip Code 3255 Louisiana Avenue						
		Lafayette, LA 70501						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. FX, officeholder living expense ecessities					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	lains	Office Over Polling Exp Printing Exp Salaries/Wa	head ense bens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schodula E1:	12	· · ·	anis .		ipic		2	Eller ID (Ethics Commission Eilers)	
1	Total pages Schedule F1: Sch: 27/30 Rpt: 59/65		FILER NAME Roth, Donna (The Honorable)					3	Filer ID     (Ethics Commission Filers)       00027106	
4	Date	5	Payee name							
	02/19/2023		Target							
6	Amount (\$) \$26.97		Payee address; City; S 3255 Louisiana Avenue Lafayette, LA 70501	State;	; Zip Cod	le				
8	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schr	edule)	(b)	Description			
	OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Gift/Awards/Memorials Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Greeting cards</li> </ul> </li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht			Office held	
	Date	Γ	Payee name							
	04/02/2023		Target							
	Amount (\$)	┢	Payee address; City; S	State;	; Zip Cod	le				
	\$35.98		4323 San Felipe Street Houston, TX 77027							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is sche	edule) (	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense Supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht			Office held	
	Date	Γ	Payee name							
	04/17/2023		Texas Bar Foundation							
	Amount (\$)	┢	Payee address; City; S	State;	; Zip Cod	le				
	\$2,500.00		515 Congress Avenue							
	_	<u> </u>	Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Contributions/Donations Made By Candidate/Officeholder/Political Co			(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense mbership	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Over Polling Exp pense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 28/30 Rpt: 60/65	oth, Donna (The Honorable)			00027106						
4	Date	ayee name									
	02/16/2023	exas Board of Legal Speciali	ization								
6	Amount (\$)	ayee address; City;	State; Zip Coo	e							
	\$200.00	)5 E. Huntland Drive, Suite 4	100								
		Austin, TX 78752									
8	PURPOSE	ategory (See Categories listed at the te	op of this schedule)	b) Description							
	OF EXPENDITURE	ees			outside of Texas. Complete Schedule T.						
				Membership	, TX, officeholder living expense						
				wembership	ienewai						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	ndidate/Officeholder name	Office soug	ht	Office held						
	Date	ayee name									
	06/22/2023	ne Nash									
	Amount (\$)	ayee address; City;	State; Zip Coc	e							
	\$680.66	L11 Rusk St.									
		uite 172									
		ouston, TX 77002									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to bod/Beverage Expense	op of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>HOU</b> I						
	Complete ONLY if direct expenditure to benefit C/O	ndidate/Officeholder name	Office soug	ht	Office held						
	Date	ayee name									
	06/15/2023	ader Joe's									
	Amount (\$)	ayee address; City;	State; Zip Coc	e							
	\$26.64	30 W. Cordova Road									
		anta Fe, NM 87505									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the to Dod/Beverage Expense	op of this schedule)		outside of Texas. Complete Schedule T.						
				Check if Austin Breakfast/lun	, TX, officeholder living expense ch groceries						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)
	Sch: 29/30 Rpt: 61/65		onna (The Honorable	e)				00027106	
4	Date 04/06/2023	Payee n Treebea							
6	Amount (\$) \$17.32		ddress; City; exas Avenue n, TX 77002	State;	; Zip Coo	le			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b)         Food/Beverage Expense       (b)					<ul> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Colleague lunch</li> </ul> </li> </ul>				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee n	ame						
	05/25/2023	Treebea	ards						
	Amount (\$) \$57.37		exas Avenue	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	a) Category	n, TX 77002 / (See Categories listed at the everage Expense	e top of this sch	edule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office sou	ht		Office he	eld
	Date Payee name								
	03/24/2023	United A	Airlines						
	Amount (\$) \$4,297.15	Payee a 609 Ma	ddress; City; in Street	State;	; Zip Coo	le			
			n, TX 77002						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>(c) Check if travel outside of Texas. Complete Schedule</li> <li>(c) Check if Austin, TX, officeholder living expense</li> <li>ABOTA International Conference</li> </ul>			) expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office sou	ht		Office he	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 30/30 Rpt: 62/65	Roth, Donna (The Honorable)	00027106					
4	Date	Payee name	•					
	04/17/2023	Vinoteca Poscol						
6	Amount (\$) \$210.37	Payee address; City; State; Zip Code 608 Westheimer Houston, TX 77006						
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense       Check if Austin, TX, officeholder living expense         Dinner with colleagues							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/31/2023	Voodoo Doughn						
	Amount (\$) \$19.85	Payee address; City; State; Zip Code 3715 Washington Ave. Houston, TX 77007						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.						pages Schedule K: 1/1 Rpt: 63/65		
2	FILER NAME			3	3 Filer ID (Ethics Commission Filers) 00027106			
	Roth, Donna	(T	he Honorable)					
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	06/22/2023		McFarland, Jaclanel (Judge)				\$20.00	
		6						
		Ļ						
		7	cal contr	ribution returned to fil	er			
	Date		Name of person from whom amount is received			Amount (\$)		
	06/30/2023		Patterson, Pete (Mr.)				\$250.00	
			Houston, TX 77006					
			Purpose for which amount is received X Check if	politic	cal conti	ntribution returned to filer		
╞	Date		Name of person from whom amount is received			Amount (\$)		
	06/29/2023		Weems, Christine (Judge)			, uno and (+)	\$200.00	
	Address of person from whom amount is received; City; State; Zip Code							
			Houston, TX 77002					
	I	Γ		politio	cal conti	ribution returned to fil	er	
┡			Reimbursement Intern Happy Hour					

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

SCHEDULE T

The Inst	ruction (	Guide explains I	now to complete t	this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 64/65				
2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)					
Roth, Donna (Th	ne Honora	ble)	00027106						
4 Name of Contribut	4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
Carrousel Travel									
5 Contribution / Expenditure reported on:									
Schedule A2		Schedule B	Schedule D	X Schedule F1					
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel 7 Name of person(s) traveling									
Roth, Donna									
	8 Depart	ture city or name of d	leparture location						
05/14/2023	Houst	on							
	9 Destin	ation city or name of							
05/15/2023 Reykjavik									
10 Means of transpor	tation	11 Purpose of trave	el (including name of co	onference, seminar, or	other event)				
Commercial Airp	olane	ABOTA Intern	ational Conference						
Name of Contribut	or / Corpor	ation or Labor Organ	ization / Pledgor /Paye	е					
Omni Hotel									
Contribution / Expe	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel Name of person(s) traveling									
	Roth, Donna (Judge)								
	Depart	ture city or name of d	leparture location						
02/01/2023 Houston									
	Destin	ation city or name of	destination location						
02/01/2023	New C	Orleans							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
Private Automot	Private Automobile CLE								
Name of Contribut	tor / Corpor	ation or Labor Organ	ization / Pledgor /Paye	e					
Southwest Airlin		C C	0 ,						
Contribution / Expe	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel Name of person(s) traveling Roth, Donna (Judge)									
Departure city or name of departure location 06/15/2023 Houston									
								00/15/2023	
00/45/0000		ation city or name of							
06/15/2023	-	uerque, New Mexi							
Means of transpor			el (including name of co	onference, seminar, or	other event)				
Commercial Airp	lane	ABOTA CLE							

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
Southwest Airlines										
5 Contribution / Expe	Contribution / Expenditure reported on:									
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel	Dates of Travel     7 Name of person(s) traveling									
	Roth, Donna (Judge)									
8 Departure city or name of departure location										
07/30/2023 Houston										
9 Destination city or name of destination location										
07/30/2023	07/30/2023 Chicago									
10 Means of transport		of travel (including name of	conference, seminar, or	other event)						
Commercial Airp	olane Judicial	CLE								
	or / Corporation or Labo	Organization / Pledgor /Pay	/ee							
United Airlines										
Contribution / Expe	enditure reported on:									
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel	Name of person(s)	raveling								
	Roth, Donna (Jud	ge)								
	Departure city or na	me of departure location								
05/14/2023	Houston									
	Destination city or n	ame of destination location								
05/15/2023	Rejkjavik									
Means of transport		of travel (including name of		other event)						
Commercial Airp	olane ABOTA	International Conference								
					r					
					r					
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