JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00086011		2 Total pages	i filed: 26
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Teresa J.			Date Received	EUSE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX		
		Waldrop		JUFFIA		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; A	PT / SUITE #; CIT	TY;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 2	54.031 <u>3, GOV'T (</u>	CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Victoria H.				
	NICKNAME	LAST			SUFFIX	
		Lightman			501 HA	
		Lightindi				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE);	AP'	T / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS (Residence or Business)	REDACTED PER 2	54.0313, GOV'T (CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (713) 868-0999	ONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day before		Runoff	15th day after	campaign treasurer
						officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Yea	ır		Month Day	Year	
COVERED	01/01/2024	Tł	HROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	۳ 🗖 F	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	í (if known)	
	District Judge District 3	12 Harris			. /	
		GO 1	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ver	sion V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 26

13 C / OH NAME	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the holder's knowledge or ice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	·	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 5,321.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,087.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 39,600.00
17 AFFIDAVIT	•			
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honora	able Teresa J. Waldr	ор
		Signature of	Candidate or Officehold	der
AFFIX NOT	FARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me. by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
-	er administering oath	Printed name of officer administering oath www.ethics.state.tx.us		administering oath /ersion V4.1.0.d378aba0

FORM JC/OH COVER SHEET PG 3

3 of 26

18 FILER NAI Waldrop,	ME Teresa J. (The Honorable)	19 Filer ID 00086011	(Ethics Commission Filers)					
20 SCHEDUL	E SUBTOTALS		SUBTOTAL AMOUNT					
NAME OF	SCHEDULE		SOBTOTAL AMOUNT					
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)							
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$ 4,637.43					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. X	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD							
9. X	9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 100.00					

SUBTOTALS - JC/OH

	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:	2 FILER NAME	B Filer ID (Ethics Commission Filers)							
	Sch: 1/19 Rpt: 4/26	Waldrop, Teresa J. (The Honorable)	00086011							
4	Date 05/23/2024	Payee name Amazon								
6	Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 64 410 Terry Avenue North Seattle, WA 98109								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense CLE presentation remote advancer										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/07/2024	Area 5 Democrats								
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3800 Spencer Hwy Suite L Pasadena, TX 77504								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense Drunch fundraiser							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/07/2024	Area 5 Democrats								
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 3800 Spencer Hwy Suite L Pasadena, TX 77504								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense UES.							
	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 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	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission									
	Sch: 2/19 Rpt: 5/26	Waldrop, Teresa J. (The Honorable)	00086011							
4	Date 04/19/2024	Payee name Avenida South Garage								
6	Amount (\$) \$19.00	Payee address; City; State; Zip Code 1710 Polk Street Houston , TX 77003								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for Council on Recovery luncheon.									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/07/2024	Bay Area New Democrats								
	Amount (\$) \$20.00									
	PURPOSE OF EXPENDITURE	Houston , TX 77062 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/24/2024	Constant Contact								
	Amount (\$) \$380.64	Payee address;City;State;Zip Code1601 Trapelo Road								
		Waltham, MA 02451								
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense renewal							
	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		-	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract L	kpense _abor	Transportation E Travel in District Travel Out of Dis		
_		-	The Instruction G	uide explains	now to con	iplete this to				
1	Total pages Schedule F1:	2						3 Filer ID	(Ethics Commission Filers)	
	Sch: 3/19 Rpt: 6/26		Waldrop, Teresa J. (The H	onorable)				00086011		
4	Date	5	Payee name							
	05/23/2024		Costco							
6	Amount (\$)	7	Payee address; City;	State	; Zip Cod	е				
	\$65.22		3836 Richmond Ave							
			Houston , TX 77027							
8	PURPOSE	(2)								
Ô	OF	(a)	Category (See Categories listed at t Food/Beverage Expense	he top of this sch	redule)	b) Descrip		outside of Texas. Com	nplete Schedule T.	
	EXPENDITURE		FUUU/Deverage Expense					, TX, officeholder living		
						Associ	iate Jud	dge Glover's in	vestiture reception	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Dffice soug	ht		Office h	eld	
	Date		Payee name							
	05/30/2024		Fairfield Inn							
	Amount (\$)		Payee address; City;	State	; Zip Cod	e				
	\$156.40		1250 North I35	Olato	, בוף ססס					
	φ100.40		1230 North 133							
			San Marcos, TX 78666							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Office Overhead/Rental Ex		nedule)	Chec	k if travel o k if Austin, or CLE	outside of Texas. Com , TX, officeholder living presentation a		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Dffice soug	ht		Office he	eld	
_	Date	<u> </u>								
	03/18/2024		Payee name Frank's Pizza							
	Amount (\$)		Payee address; City;	State	; Zip Cod	е				
	\$110.50		417 Travis							
			Houston , TX 77002							
	PURPOSE OF	(a)	Category (See Categories listed at t	he top of this sch	nedule)	b) Descrip				
	EXPENDITURE		Food/Beverage Expense			Chec	k if Austin, ell luncl	outside of Texas. Com , TX, officeholder living heon for 312th		
	Complete ONLY if direct		Candidate/Officeholder name	(Office soug	ht		Office h	eld	
	expenditure to benefit C/OI				5					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T				Travel in District Travel Out of Dis	quipment & Related Ex			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 4/19 Rpt: 7/26		Waldrop, Te	eresa J. (The Ho	onorable)					00086011		
4	Date	5	Payee name									
	01/07/2024		Greater He	ights Democrats								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$20.00		http://greate	erheightsdemocra	ats.com/							
			Houston , T	X 77007								
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) De	escription				
	OF			ns/Donations Ma		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/	Officeholder/Polit	ical Comm	ittee		1		officeholder living	expense	
							M	embership	due	es.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	(Office sou	ght			Office he	eld	
⊨	Date	Γ	Deves nome									
	05/20/2024		Payee name									
	05/20/2024		H-E-B									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$47.57	1701 West Alabama										
			Houston , T	X 77098								
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sch	edule)	(b) De	escription				
	OF EXPENDITURE			age Expense				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
								1		officeholder living		
											Court Team 2	
							ur	e new ASSU	JUIA	le Judge bi	eakfast at cour	ullouse
	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	05/23/2024		H-E-B									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$58.04		1701 West	-		•						
			Houston , T	X 77098								
⊢	PURPOSE	(a)	Category (c	ee Categories listed at th	e ton of this sob	(aluba	(b) De	escription				
	OF	` ``		age Expense		caule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	RE Check if Austin, TX, officeholder living expense										
		Associate Judge Glover's investiture reception										
-	Complete ONLY if direct	I(Candidate/Off	ceholder name	(Office sou	ght			Office he	eld	
	expenditure to benefit C/Oł						•			2		

	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 5/19 Rpt: 8/26	Waldrop, Teresa J. (The Honorable)	00086011							
4	Date 06/17/2024	5 Payee name H-E-B								
6	Amount (\$) \$59.81	 Payee address; City; State; Zip Code 1701 West Alabama Houston , TX 77098 								
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Birthday card & gift for 312th Clerk C. Thurman									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/12/2024	Harris County Benevolent Fund								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	201 Caroline Street								
		17th Floor Houston, TX 77002								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual HarCo Fam District CT Judges ben fund contribution										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/02/2024	Harris County Democratic Lawyers Association								
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 3401 Allen Pkwy								
		Houston , TX 77019								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY 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 Imittee Legal Services The Instruction Guide explains h	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins 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:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)				
	Sch: 6/19 Rpt: 9/26		Waldrop, Teresa J. (The Honorable)				00086011				
4	Date	5	Payee name								
	01/07/2024		Harris County Democratic Party								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$30.00		4619 Lyons Ave								
			Houston, TX 77020								
8	PURPOSE	<u> </u>			(b) Decemination						
0	OF		Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			officeholder living expense				
					HCDP sustai	nin	g membership.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name O	ffice sou	ht		Office held				
	Date		Payee name								
	02/09/2024		Harris County Democratic Party								
⊢	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$30.00	I	4619 Lyons Ave								
	400.00										
			Houston, TX 77020								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi				ide of Texas. Complete Schedule T. , officeholder living expense				
			Candidate/Onicenoider/Political Commi	lliee			g membership.				
							g membership.				
⊢	Complete ONLY if direct		andidate/Officeholder name O	office soug	ıht		Office held				
	expenditure to benefit C/OI			1100 3000	in t						
⊨	Date		Payee name								
	03/11/2024		Harris County Democratic Party								
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	Amount (\$)	I		Zip Coo	ie						
	\$30.00		4619 Lyons Ave								
			Houston, TX 77020								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Commi	ittee			, officeholder living expense				
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	office soug	Int		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Loan Repayment/Reimbursement Fees Office Over/head/Rental Expense Food/Beverage Expense Polling Expense Gift/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:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 7/19 Rpt: 10/26		Waldrop, Teresa J. (The Honorable)				00086011				
4	Date 03/18/2024		Payee name Harris County Democratic Party								
_											
6	Amount (\$)		Payee address; City; State; Zip Code								
	\$15.00		4619 Lyons Ave								
			Houston, TX 77020								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description						
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.				
							officeholder living expense				
					HCDP badge						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht		Office held				
	Date		Payee name								
	04/10/2024		Harris County Democratic Party								
	Amount (\$)		Payee address; City; State;	Zip Coc	e						
	\$30.00		4619 Lyons Ave	·							
			Houston, TX 77020								
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	b) Description	outoi	de of Toylog, Complete Cohodule T				
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Comm	ittoo			de of Texas. Complete Schedule T. , officeholder living expense				
				litee			g membership.				
	Complete ONLY if direct	<u>с</u>	andidate/Officeholder name C	Office soug	ht		Office held				
	expenditure to benefit C/OI										
_	Data		D								
	Date 05/09/2024		Payee name Harris County Democratic Party								
	Amount (\$)			Zip Coo	e						
	\$30.00		4619 Lyons Ave								
			Houston, TX 77020								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	b) Description						
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.				
			Candidate/Officeholder/Political Comm	ittee			officeholder living expense				
					HUDP Susta	m	g Membership dues				
					-						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office soug	ht		Office held				
	experiatione 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						Travel in District Travel Out of Dis	quipment & Related Expense				
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
-	Sch: 8/19 Rpt: 11/26								()			
4	Date	Payee name										
	06/10/2024	Harris Count	y Democratic Part	ty								
6	Amount (\$)	Payee addres	s; City;	State;	Zip Coc	е						
	\$30.00	4619 Lyons	Ave									
		-										
		Houston TV	77020									
		Houston, TX										
8	PURPOSE OF		e Categories listed at the to		dule)	b) Description			alata Oshadada T			
	EXPENDITURE		s/Donations Made		#00			de of Texas. Com officeholder living				
		Canuluale/O	fficeholder/Politica		llee	Sustaining m						
						Sustaining III			5			
9	Complete ONLY if direct	Candidate/Offic	eholder name	Of	ffice soug	ht		Office he	ald			
ľ	expenditure to benefit C/OI			01	mee soug	in the second seco		Office fie				
╞												
	Date	Payee name										
	05/31/2024	Houston Bar	Association									
	Amount (\$)	Payee addres	s; City;	State;	Zip Coc	е						
	\$300.00 1111 Bagby St #200											
		Houston , T>	K 77002									
	PURPOSE	Category (See	e Categories listed at the to	p of this sched	dule)	b) Description						
	OF EXPENDITURE		s/Donations Made					de of Texas. Com				
		Candidate/O	fficeholder/Politica	al Commit	ttee			officeholder living				
						Luncheon	4 Ar	nnuai HBA L	DEI Summer Associates			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Of	ffice soug	ht		Office he	eld			
	•											
	Date	Payee name										
	01/07/2024	Houston Bla	ck American Demo	ocrats								
	Amount (\$)	Payee addres	s; City;	State;	Zip Coc	е						
	\$100.00	www.housto	nblackdems.org									
		Houston, TX	77002									
	PURPOSE	Category (See	e Categories listed at the to	p of this sched	dule)	b) Description						
	OF EXPENDITURE		s/Donations Made					de of Texas. Com				
		Candidate/O	fficeholder/Politica	al Commit	ttee			officeholder living	expense			
						Membership	aue	es.				
						-						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Offic	eholder name	Of	ffice 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					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: 9/19 Rpt: 12/26		Waldrop, Teresa J. (The Honorable)				00086011				
4	Date	5	Payee name								
	01/16/2024		Houston LGBTQ+ Political Caucus								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$40.00		Post Office Box 66664								
			Houston, TX 77266-6664								
8	PURPOSE				(b) Description						
ľ	OF	(")	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	n, TX	, officeholder living expense				
					Membership	due	es renewal.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ht		Office held				
	Date		Payee name								
	06/26/2024		Houston Lawyers Association								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$83.00		P.O. Box 300009								
			Houston , TX 77230								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittoo			ide of Texas. Complete Schedule T. , officeholder living expense				
				lilee	Membership						
					memberemp	101					
⊢	Complete ONLY if direct		Candidate/Officeholder name O	office soug	iht		Office held				
	expenditure to benefit C/OI										
⊨	Date		Payee name								
	06/10/2024		JW Marriott								
-	Amount (\$)			Zip Co	10						
	\$34.64		806 Main St								
	φ04.04										
			Houston, TX 77002								
	PURPOSE				(b) Description						
	OF		Category (See Categories listed at the top of this sche Event Expense	edule)	· · ·	outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Event Expense				, officeholder living expense				
					Parking for H	IBA	DEI Summer Associates Luncheon				
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	Iht		Office held				
	expenditure to benefit C/OH										

	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 expla	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 10/19 Rpt: 13/26	/aldrop, Teresa J. (The Honorable	·)	00086011			
4	Date	ayee name		•			
	06/24/2024	aty Jewett Memorial Training Fund	l				
6	Amount (\$)	ayee address; City; St	ate; Zip Code				
	\$100.00	503 Hatton Street					
		ouston, TX 77025					
8	PURPOSE	ategory (See Categories listed at the top of this	schedule) (b) De	escription			
	OF EXPENDITURE	ontributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	andidate/Officeholder/Political Cor		Check if Austin, TX, officeholder living expense			
			Do	onation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			
	Date	ayee name					
	05/14/2024	lexican American Bar Association	Houston				
	Amount (\$)	ayee address; City; St	ate; Zip Code				
	\$250.00 P.O. BOX 303						
		ouston , TX 77001-0303					
	PURPOSE	ategory (See Categories listed at the top of this	schedule) (b) De	escription			
	OF EXPENDITURE	ontributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.			
		andidate/Officeholder/Political Cor		Check if Austin, TX, officeholder living expense			
			20	024 Golf Classic sponsorship			
	Complete ONLY if direct	ndidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OI	nuidate/Onicenoider name	Onice sought	Onice neid			
_	Data						
	Date 01/07/2024	ayee name leyerland Area Democrat Club					
		-					
	Amount (\$)		ate; Zip Code				
	\$21.00	PO Box 310061					
		ouston , TX 77231					
	PURPOSE OF	ategory (See Categories listed at the top of this	schedule) (b) De	escription			
	EXPENDITURE	ontributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.			
		andidate/Officeholder/Political Cor		Check if Austin, TX, officeholder living expense embership dues.			
-	Complete ONLY if direct	ndidate/Officeholder name	Office sought	Office held			
	expenditure to benefit C/OI		onice sought				
-							

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportati Food/Beverage Expense Polling Expense Travel in Dis By - Gift/Awards/Memorials Expense Printing Expense Travel out of	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
-	Sch: 11/19 Rpt: 14/26		· · · · · · · · · · · · · · · · · · ·
4	Date 01/08/2024	5 Payee name My Cutting Garden	
6	Amount (\$) \$125.57	7 Payee address; City; State; Zip Code 9039 Katy Fwy # 211 Houston, TX 77024	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	······································	e held
	Date	Payee name	
	03/15/2024	Parra, Leslie (Ms.)	
	Amount (\$) \$40.00	Payee address; City; State; Zip Code St Mary's University School of Law	
	Q.000	1 Camino Santa Maria San Antonio, TX 78228	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description □ Check if travel outside of Texas. □ Check if Austin, TX, officeholder Cost of parking - Alternat 312th.	living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	6	e held
	Date	Payee name	
	02/14/2024	Randalls	
	Amount (\$) \$37.01	Payee address; City; State; Zip Code 2225 Louisiana Street	
		Houston , TX 77002	
	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. Check if Austin, TX, officeholder Valentine's celebration for	living expense
	Complete ONLY if direct expenditure to benefit C/O	6	e held

			EXPENDITURE CATEGORIE	S FOR E	8OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	ffice Overhe olling Expen rinting Expe alaries/Wag	nse es/Contract Labor	Transportation Travel in Dist Travel Out of	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 12/19 Rpt: 15/26		Waldrop, Teresa J. (The Honorable)			0008601	1
4	Date	5	Payee name				
	04/11/2024		Randalls				
6	Amount (\$) \$18.39	7	Payee address; City; State; Z 2225 Louisiana Street	Zip Code			
			Houston , TX 77002				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Gift/Awards/Memorials Expense	le) (b	Check if Austin	, TX, officeholder li	Complete Schedule T. ving expense for CASA fundraiser.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sough	t	Office	e held
	Date		Payee name				
	03/15/2024		Roberts, Jordyn				
	Amount (\$)		Payee address; City; State; Z	Zip Code			
	\$40.00		1 Camino Santa Maria				
			San Antonio, TX 78228				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Loan Repayment/Reimbursement	le) (b	Check if Austin	, TX, officeholder li	Complete Schedule T. iving expense ve Spring Break week in
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sough	t	Office	e held
	Date		Payee name				
	01/02/2024		Run Sister Run PAC				
	Amount (\$)		Payee address; City; State; Z	Zip Code			
	\$124.00		P.O. Box 66470	F			
			Houston , TX 77266				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedul Contributions/Donations Made By Candidate/Officeholder/Political Committee	,		, TX, officeholder li	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Offic	ce sough	t	Office	e held

			EXPE	NDITURE CA	TEGORIE	S FOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award Legal Serv	rage Expense s/Memorials Expens	C P e P S	Office Overh Polling Expe Printing Expe Galaries/Wag	ense Jes/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILEF						3	Filer ID	(Ethics Commission Filers)
	Sch: 13/19 Rpt: 16/26		rop, Teresa J.	(The Honora	ıble)				00086011	
4	Date 03/19/2024	Payee SP P	e name Ius Corporatio	n Block 142						
6	Amount (\$) \$20.00	915 N	e address; C Milam St ton, TX 77002	Sity;	State; Z	Zip Code	•			
8	PURPOSE OF EXPENDITURE	(a) Categ Fees		es listed at the top of	f this schedu	_{ile)} (i	Check if Austin	n, TX,	officeholder living	plete Schedule T. I expense Onference Judicial
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder	name	Offi	ce sougł	t		Office he	eld
	Date	Payee	e name							
	01/29/2024	Sout	nwest Democr	ats						
	Amount (\$) \$10.00	-	e address; C ox 2053	Sity;	State; 2	Zip Code	9			
	PURPOSE		ire, TX 77402 ory (See Categori	as listed at the ton o	f this schedu	ue) (I) Description			
	OF EXPENDITURE	Cont	ributions/Dona lidate/Officeho	tions Made B	у	,	Check if travel	ı, TX,	de of Texas. Com officeholder living ng members	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder	name	Offi	ce sough	t		Office he	eld
	Date	Payee	e name		_	_			-	
	02/28/2024	Sout	nwest Democr	ats						
	Amount (\$) \$10.00	-	e address; C ox 2053	City;	State; 2	Zip Code	2			
		Bella	ire, TX 77402							
	PURPOSE OF EXPENDITURE	Cont	ory _{(See Categori} ibutions/Dona lidate/Officeho	tions Made B	у			n, TX,	officeholder living	plete Schedule T. I expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder	name	Offi	ce sough	it		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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Overh Polling Expe Printing Expe Salaries/Wag	ense jes/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	· · ·			3	Filer ID (Ethics Commission Filers)	
-	Sch: 14/19 Rpt: 17/26	[Waldrop, Teresa J. (The Honorable)				00086011	
4	Date	5	Payee name					
	03/29/2024		Southwest Democrats					
6	Amount (\$)	7	Payee address; City; State;	Zip Code	9			
	\$10.00		PO Box 2053					
			Bellaire, TX 77402					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule) (I) Description			
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel		de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commit	ttee			officeholder living expense	
					Recurring mo	ontr	nly membership dues.	
_	Operation ONITY if all a st		And the second					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sough	IT		Office held	
_	Data	<u> </u>						
	Date		Payee name					
	04/29/2024		Southwest Democrats					
	Amount (\$)			Zip Code	9			
	\$10.00 PO Box 2053							
			Bellaire, TX 77402					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule) (I) Description			
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Commit	ttee	Recurring me		officeholder living expense	
					r couring me			
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sough	nt		Office held	
	expenditure to benefit C/OI	Н		5				
	Date		Payee name					
	05/28/2024		Southwest Democrats					
	Amount (\$)		Payee address; City; State;	Zip Code	9			
	\$10.00		PO Box 2053	•				
			Bellaire, TX 77402					
	PURPOSE	(a)	Category (See Categories listed at the top of this schere	dule) (I) Description			
	OF EXPENDITURE		Contributions/Donations Made By	,	Check if travel		de of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Commit	ttee			officeholder living expense	
					Recurring mo	ontr	nly membership dues	
	Complete ONU V if direct	Ļ	Candidate/Officeholder name Of	ffioo court	.+		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ffice sough	it.		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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee 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:	2 FILER NAME	B Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 18/26	Waldrop, Teresa J. (The Honorable)	00086011
4	Date 06/28/2024	Payee name Southwest Democrats	
6	Amount (\$) \$10.00	Payee address; City; State; Zip Code PO Box 2053 Bellaire, TX 77402	
8	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	tside of Texas. Complete Schedule T. "X, officeholder living expense thly membership dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/04/2024	Squarespace, Inc.	
	Amount (\$) \$179.09	Payee address; City; State; Zip Code 225 Varick Street, 12th Floor	
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense /al fee.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/24/2024	Starbucks	
	Amount (\$) \$69.95	Payee address; City; State; Zip Code 2625 Louisiana Street	
		Houston, TX 77006	
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. TX, officeholder living expense ociate Judge Glover's investiture
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 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 NAME	3 Filer ID (Ethics Commission Filers)					
-	Sch: 16/19 Rpt: 19/26	Waldrop, Teresa J. (The Honorable)	00086011					
4	Date 01/02/2024	Payee name State Bar of Texas						
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1414 Colorado Street Austin, TX 78701						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual State Bar College dues.						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/29/2024	Target						
	Amount (\$) \$183.96	Payee address;City;State;Zip Code2580 Shearn Street						
	PURPOSE	Houston , TX 77007 Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense or 312th Court.					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/08/2024	Texas Bar Foundation						
	Amount (\$) \$250.00	Payee address;City;State;Zip Code515 Congress Ave, Ste. 1755						
		Austin , TX 78701						
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense - ellow annual contribution.					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
1										
	Sch: 17/19 Rpt: 20/26	Waldrop, Teresa J. (The Honorable)00086011								
4	Date	5 Payee name								
	02/12/2024	Texas Board of Legal Specialization								
_										
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$300.00	505 E. Huntland Drive								
		Suite 400, LB 28								
		Austin , TX 78752								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Fees Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		Annual renewal dues.								
	Complete ONIL V if direct	Candidate/Officeholder name								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	•									
	Date	Payee name								
	06/18/2024	Texas Center for the Judicary								
⊢	Amount (\$)	Payee address; City; State; Zip Code								
	\$120.00	1210 San Antonio								
		Ste 800								
		Austin, TX 78701								
⊢	PURPOSE									
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions (Donations Made By								
	EXPENDITURE									
		Donation								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	H								
-	Date	Davias nama								
	Date	Payee name								
	04/22/2024	The Council on Recovery								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$102.56	303 Jackson Hill								
		Houston, TX 77007								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Contributions/Donations Made By								
	EXPENDITURE	Candidate/Officeholder/Political Committee								
		Donation.								
_	Complete ONIL V Stalling of	Candidate/Officebolder.nome Office.courtet Office.bold								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	se s/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: 18/19 Rpt: 21/26		Waldrop, Teresa J. (The Honorable)					00086011		
4	Date 05/20/2024		Payee name The Hot Bagel Shop							
6	Amount (\$) \$35.20		7 Payee address; City; State; Zip Code 2015 South Shepherd Drive Ste 900 Houston , TX 77019							
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 Burta Rhoads Raborn Inn of Court Team 2 - 'Meet the new Associate Judge' breakfast at courthouse 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name (Office sou	ıght			Office held		
	Date		Payee name							
	05/21/2024		The Hot Bagel Shop							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$8.50		2015 South Shepherd Drive							
			Ste 900							
			Houston , TX 77019							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense n staff		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	06/20/2024		Treebeards The Cloister							
-	Amount (\$)	\vdash	Payee address; City; State	; Zip Co	ode					
	\$45.00		1117 Texas Avenue							
			Houston , TX 77002							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)	(b)	Check if Austin,	, TX,	de of Texas. Complete Schedule T. officeholder living expense Clerk C Thurman's birthday		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ıght			Office held		

		EXF	ENDITURE CATEGO	RIES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awar mittee Legal Ser	verage Expense ds/Memorials Expense	Office Overhea Polling Expens Printing Exper Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 19/19 Rpt: 22/26		. (The Honorable)			00086011	(
4	Date 06/19/2024	Payee name Waldrop, Teresa					
6	Amount (\$) \$342.00	Payee address; PO Box 226 Houston , TX 7700		; Zip Code			
8	PURPOSE OF EXPENDITURE	OF Loan Penavment/Reimbursement CF Deckiftravel outside of Texas. Complete Schedule T.					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office sought		Office he	eld
	Date	Payee name					
	01/17/2024	Women Professio	nals in Government				
	Amount (\$) \$52.24	Payee address; P.O. Box 1278	City; State	; Zip Code			
		Houston , TX 7725	51-1278				
	PURPOSE OF EXPENDITURE	Contributions/Don	ries listed at the top of this sch ations Made By older/Political Comm	,		outside of Texas. Com , TX, officeholder living dues.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office sought		Office he	ld
	Date	Payee name					
	01/01/2024	Women Professio	nals in Government				
	Amount (\$) \$31.50	Payee address; P.O. Box 1278	City; State	; Zip Code			
		Houston , TX 7725	51-1278				
	PURPOSE OF EXPENDITURE	Category _{(See Catego} Event Expense	ries listed at the top of this sch	ledule) (b)		outside of Texas. Com , TX, officeholder living heon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (Office sought		Office he	eld

EXPENDITURES	MADE BY	CREDIT	CARD
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		EXPE	NDITURE CATEGOR	NES FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instr	ruction Guide explains h	now to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 23/26	Waldrop, Teresa J.	(The Honorable)		00086011
4	CREDIT CARD ISSUER	Name of financial institution 4 American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid
		\$342.00	02/17/2024		
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
		United States Posta	al Service	1500 Hadley	
				Houston , TX 77001	
8	PURPOSE OF	(a) Category		(b) Description	
		(See Categories listed at the top Office Overhead/Rent		PO Box renewal.	
	X Political				
_	Non-Political	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T ffice sought	X, officeholder living expense Office held
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Oniceriolder	iname O	nice sought	

	POLITICAL EX	PENDITURES FROM PERSON	AL FUNDS	SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	payment/Reimbursement verhead/Rental Expense expense Expense 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 G: Sch: 1/1 Rpt: 24/26	2 FILER NAME Waldrop, Teresa J. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086011
4	Date 04/06/2024	5 Payee name American Express		·
6	Amount (\$) \$342.00 Reimbursement from	7 Payee address; City; State; Zip Co P.O. Box 650448	ode	
	political contributions intended	Dallas, TX 75265-0448		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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: 25/26
2	FILER NAME			3	Filer I	D (Ethics Commission Filers)
	Waldrop, Teresa J. (The Honorable)				8000	6011
4	Date	5	Name of person from whom amount is received	-		8 Amount (\$)
	04/11/2024		Texas Board of Legal Specialization			\$100.00
		6	Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78752			
		7	Purpose for which amount is received Check if p	olitio	cal con	tribution returned to filer
			Overpayment of renewal dues			
		•				

OUTSTAN	IDING LOANS	SCHEDULE L			
The Instruction	on Guide explains how to complete this form.	1	Total pages Schedule L: Sch: 1/1 Rpt: 26/26		
2 FILER NAME Waldrop, Teres	a J. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086011		
LENDER INFORMATION	 4 Name of lender Waldrop, Teresa (Judge) 5 Lender address; City; State; Zip Code 				
GUARANTOR	Houston , TX 77002 6 Name of guarantor				
INFORMATION					
X not applicable	7 Guarantor address; City; State; Zip Code				
	·				