FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00027106 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Donna NAME Date Received **ELECTRONICALLY FILED** 08/21/2024 NICKNAME LAST **SUFFIX** Roth CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Andrea S. NAME NICKNAME LAST **SUFFIX** Roth **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 654-2143 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 295 Harris District Judge District 295

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

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 expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
 16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THAN	N DI EDCES I CANS					
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 4,000.00				
EXPENDITURE TOTALS	DITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
		\$ 15,986.35						
CONTRIBUTION BALANCE	I .	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Ill information required to	companying report is o be reported by me				
		The Ho	norable Donna Roth					
		Signature of	Candidate or Officehol	der				
AFFIX NO	TARY STAMP / SEAL AB	DVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVLK 3	3 of 25	
l	ER NAM	(Ethics Co	mmission Filers)		
l	HEDULI ME OF	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	4,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	15,986.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	\$		

	MONET	ARY POLITICAL COI	S	CHEDULE A(J)1	J)1		
	The Instru	ction Guide explains how to	complete this f	orm.	1 Total pages Sch: 1/1 Rp		
2	FILER NAME Roth, Donna	ı (The Honorable)			3 Filer ID (Et 00027106	hics Commission Filers)
4	Date 04/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Hadi, Husein (Mr.) 6 Contributor address; City; State; Zip Code Sugar Land , TX 77479				7 Amount of C	ontribution (\$) \$2,500).00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's of The Hadi La	employer/law firm w Firm		11 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#:_)	Amount of C	ontribution (\$)	
05/23/2024 Manji, Abel (Mr.) Contributor address; City; State; Zip Code Sugar Land, TX 77479						\$500).00
	Contributor's F	I Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
	Contributor's of Hird, Chu La	employer/law firm		Law firm of contributor's sp	oouse (if any)		
		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of C	ontribution (\$)	
	01/22/2024	Zimmerman, Brian (Mr.) Contributor address; City; State; 2 Houston, TX 77401	Zip Code			\$1,000).00
		Principal Occupation		Contributor's Job Title			
	Attorney DONATION RETURNS						
	Contributor's employer/law firm Law firm of contributor's species Fano.						
	Spencer Far						
	If contributor is	s a child, law firm of parent(s) (if any)					

SCHEDULE F1

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

Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing Legal Services Salaries

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 1/21 Rpt: 5/25	Roth, Donna (The Honorable) 00027106							
4	Date	Payee name							
	03/12/2024	ABOTA							
6	Amount (\$) \$103.75	7 Payee address; City; State; Zip Code 2001 Bryan Street Suite 3000 Dallas, TX 75201							
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 Attendance							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/18/2024	Acres of Angels							
	Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 38027 Houston, TX 77238							
	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 Ice storm recovery for elderly							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date 05/23/2024	Payee name Air BNB							
	Amount (\$) \$558.00	Payee address; City; State; Zip Code 888 Brennan Street							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Lodging in Santa Fe (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging in Santa Fe							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 6/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	04/29/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.88	440 Terry Ave. N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stand up desk
		Stand up desk
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/01/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.51	440 Terry Ave. N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee for courtroom
		Conce for court com
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/30/2024	B&B Lemon
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.25	1809 Washington
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Intern lunch
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/21 Rpt: 7/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	06/18/2024	Black Mesa Coffee Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.18	2200 Sunport Blvd. SE
		Albuquerque, NM 87106
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airport coffee and muffin
		7 di port conce and manin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Dougo nama
		Payee name
	06/17/2024	Blakes Lot A Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.02	70 Cities of Gold Road
		Santa Fe, NM 87506
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch
		Lunon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 06/11/2024	Payee name CRU
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.05	2800 Kirby Dr. B-130
		Houston, TX 77098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign meeting with beginning of financial
		committee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gif

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/21 Rpt: 8/25	2 FILER NAME Roth, Donna (The Honorable) 3 Filer ID (Ethics Commission Filers) 00027106
4 Date	5 Payee name
03/14/2024	Center for the Judiciary
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	1210 San Antonio, Ste. 200
	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Membership contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/08/2024	Clark's
Amount (\$)	Payee address; City; State; Zip Code
\$313.85	3807 Montrose Blvd.
	Houston, TX 77006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Political strategy meeting
Complete ONLY if direct	Candidata/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Daving marks
06/24/2024	Payee name Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$47.97	1601 Trapelo Road
	Suite 329
	Waltham, ME 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Communications
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit 6/0	·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 9/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	06/04/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Road
		Suite 329
		Waltham, ME 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Communications
		Communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/08/2024	Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.17	3836 Richmond
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Kitchen supplies
		тислен эмррие
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/09/2024	Empty Vase
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.96	4405-A Directors Row
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Thank you
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 10/25		Roth, Donna (The Honorable)		00027106	
4	Date	5	Payee name			
	06/18/2024		Fine Parking			
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode		
	\$56.40		7979 Airport Blvd.			
			Houston, TX 77061			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE		Airport parking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
					Airport parking	
					, , ,	
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u> </u>	t Office held	
	expenditure to benefit C/OI	Н				
	Date	Т	Payee name			
	05/10/2024		Frank's Pizza			
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode		
	\$117.50		417 Travis			
			Houston, TX 77002			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
					Check if Austin, TX, officeholder living expense Juror lunch	
	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u> </u>	t Office held	
	expenditure to benefit C/OI	Н				
	Date	Т	Payee name			
	06/17/2024		Gastrohub			
	Amount (\$)	\vdash	Payee address; City; State; Zip Co	ode		
	\$29.29	1	7800 Airport Blvd.			
			Houston, TX 77061			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
					Check if Austin, TX, officeholder living expense Breakfast	
					Biodinast	
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	<u>l</u> uaht	t Office held	
	expenditure to benefit C/OI			-9	-	
l						

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbur

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 7/21 Rpt: 11/25	Roth, Donna (The Honorable) 00027106	
4	Date	5 Payee name	
	06/29/2024	Gus's Fried Chicken	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$135.75	1815 Washington Avenue	
		·	
		Houston, TX 77007	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Staff/Intern lunch	
		Stall/iliterii fullcii	
			_
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	01/03/2024	HEB	
	Amount (\$)		_
	` ,		
	\$15.35	1701 West Alabama	
		Houston, TX 77098	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Juror breakfast	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	=
	04/08/2024	HEB	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.22	1701 West Alabama	
		Houston, TX 77098	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office candies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		alaries/Wages/Contract Labor w to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILEI	R NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/21 Rpt: 12/25 Roth	n, Donna (The Honorable)		00027106
4 Date 5 Paye	e name		
05/03/2024 HEB	1		
6 Amount (\$) 7 Paye	ee address; City; State;	Zip Code	
\$19.33 1701	L West Alabama		
Hous	ston, TX 77098		
	gory (See Categories listed at the top of this schedu		
EXPENDITURE FOOD	d/Beverage Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Juror/staff br	
9 Complete ONLY if direct Candid	date/Officeholder name Offi	I ce sought	Office held
expenditure to benefit C/OH			
Date Paye	e name		
06/11/2024 HEB	1		
Amount (\$) Paye	ee address; City; State;	Zip Code	
\$21.88 1701	L West Alabama		
Hous	ston, TX 77098		
1 05 1	gory (See Categories listed at the top of this schedu		
EXPENDITURE Offic	e Overhead/Rental Expense	. <u>.</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Kitchen supp	
		Tatorion dapp	3.100
Complete <u>ONLY</u> if direct Candid	date/Officeholder name Offi	l ce sought	Office held
expenditure to benefit C/OH			
Date Paye	e name		
05/28/2024 HEB			
Amount (\$) Paye	ee address; City; State;	Zip Code	
	L West Alabama		
1701			
Hous	ston, TX 77098		
PURPOSE (a) Cate	GORY (See Categories listed at the top of this schedu	(b) Description	
	ce Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T.
EXPENDITORE			n, TX, officeholder living expense
		Office/Kitche	en supplies
Complete ONLY if direct	date/Officeholder name Offi	ao cought	Office held
Complete <u>ONLY</u> if direct Candid expenditure to benefit C/OH	uate/Officeriolider Haffle Offi	ce sought	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Me Legal Services		:		ages	e /Contract Labor ete this form.		Travel Out of OTHER (enter	District a category not listed abo	/e)
_	Total manner Coloradolo 54	<u> </u>	EII ED MARIE		Caldo 6.			թ.с		_	Elles ID	(Ethiop Committee	n Filor-\
	Total pages Schedule F1:									3		(Ethics Commissio	ii Filers)
	Sch: 9/21 Rpt: 13/25		Roth, Donn	a (I ne Hoi	iorable)						00027106) 	
4	Date	5	Payee name						<u> </u>		<u></u>		
	06/30/2024		Hadi, Husei	n									
6	Amount (\$)	7	Payee addre	ss; City		State;	Zip Cod	de					
	\$2,500.00		938 Brunsw			•							
	,_,												
			Cumarland	TV 7747	,								
		_	Sugar Land				-	-					
8	PURPOSE OF	(a)	Category (Se					(b)	Description				
	EXPENDITURE		Return of co		received o	outside c	of		Check if travel of Check if Austin			omplete Schedule T.	
			applicable p	eriod					_			ived outside of a	nlicable
									period.	rei Ik	Janoii 1606	ivou outside of ap	Piloubic
<u>_</u>	Complete ONLY !! -!!	Ц,	Condidate 10"	oobelde: "	ma	0"	fina a	n h +	-		Off: -	hold	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoider na	me	Off	fice soug	ynt			Office	neia	
	Date		Payee name										
	03/27/2024		Harris Cour	nty Civil Co	urthouse								
	Amount (\$)		Payee addre	ss; City		State;	Zip Cod	de					
	\$27.43		201 Carolin	е									
			Houston, TX	K 77002									
	DLIDDOCE	/s\					Т	(h)	Descripti				
	PURPOSE OF	^(a)	Category (Se			of this sched	lule)	(n)	Description Check if travel	Outsi	de of Texas Co	omplete Schedule T.	
	EXPENDITURE		Food/Bever	age ⊏xper	ise				Check if Austin				
									Lunch				
	Complete ONLY if direct		Candidate/Offi	ceholder na	me	Off	fice soug	ght			Office	held	
	expenditure to benefit C/OI						5						
⊨	Data	_	Deurs - ::										
	Date		Payee name	star Circil C-	urtha								
	05/03/2024		Harris Cour										
	Amount (\$)		Payee addre		;	State;	Zip Coo	de					
	\$15.50		201 Carolin	е									
			Houston, TX	K 77002									
	PURPOSE	(a)	Category (Se	ee Categories li	sted at the ton o	of this sched	lule)	(b)	Description				
	OF	ļ <i>`</i>	Food/Bever	-	•	a ooneu	,	•		outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE			5 1-51					Check if Austin	, TX,	officeholder liv	ng expense	
									Lunch				
	Complete ONLY if direct		Candidate/Offi	ceholder na	me	Off	fice souç	ght			Office	held	
	expenditure to benefit C/OI	Н											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 14/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	05/08/2024	Harris County Civil Courthouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.41	201 Caroline
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Juror/staff breakfast
		วินโอโ/ริเลโโ มิโซลิฟิลร์เ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Payee name
	06/06/2024	Helen the Greek
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.46	2429 Rice Blvd.
		Houston, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political consultant dinner
		Total consultation and the second sec
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/22/2024	Hot Bagel Shop
	Amount (\$) \$42.00	
	Φ42.00	2015 S. Shepherd #900
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Juror/staff breakfast
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 15/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	05/09/2024	Hot Bagel Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.00	2015 S. Shepherd #900
		Houston, TX 77019
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Juror/staff breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H Total Control of the Control of th
	Date	Payee name
	02/29/2024	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	1111 Bagby
		FLB 200
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense HBA
		HDA
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 06/04/2024	Payee name Kingdom Builders
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	401 Studewood
		Suite 205
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food drive donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food drive donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	н

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 12/21 Rpt: 16/25	Roth, Donna (The Honorable)		00027106	
4	Date	5 Payee name			
	03/29/2024	Kolache Factory			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$66.90	2045 Westheimer			
		Houston, TX 77098			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	Food/Beverage Expense	()	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Juror/Staff breakfast	
L					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
L	expenditure to benefit C/OI	¬			
	Date	Payee name			
	04/19/2024	Kolache Factory			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$73.80	2045 Westheimer			
		Houston, TX 77098			
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF	Food/Beverage Expense	(~,	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Toda/Zovorago Zxporido		Check if Austin, TX, officeholder living expense	
				Juror/staff breakfast	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
	experialiture to beriefit C/Oi	7			
	Date	Payee name			
	05/03/2024	Kolache Factory			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$69.45	2045 Westheimer			
		Houston, TX 77098			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Juror/staff breakfast	
			<u> </u>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
	experientare to benefit 6/01	•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/21 Rpt: 17/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	06/30/2024	Manji, Abel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1470 First Colony Blvd, Ste 210
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Refund of political contribution received outside the applicable period Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refund of contribution made outside of the
		applicable period.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/17/2024	Maria's
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.69	555 W. Cordova Road
		Sante Fe, NM 87505
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/15/2024	Memorial Elementary School
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.75	6401 Arnot St.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event/Student sponsorship
		Eventi Student sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 18/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	05/20/2024	Osso Kristalla
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.09	1515 Texas
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Intern lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Power name
	06/13/2024	Pappadoaux
		Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$185.69	2525 South Loop West Frway
		Houston, TX 77054
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff lunch
		Starrium in
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
—	Date	Power name
	03/07/2024	Payee name Pappadeaux
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.93	1001 Ave De Las Americas
		Houston, TX 77010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff birthday
		Stail billinday
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 19/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	04/02/2024	Park Whiz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.60	475 Austin Street
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Juror parking - his truck did not fit in garage
	-	Check if Austin, TX, officeholder living expense Juror parking - his truck did not fit in garage
		Suror parking - his truck did not ne in garage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	06/30/2024	PayPal, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.07	P.O. Box 45950
	Ψ11.01	The Box 1888
		Omaha, NE 68145
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees and expenses from January 1, 2024 through
		June 30, 2024.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/22/2024	Roop Sari Palace
	Amount (\$)	Payee address; City; State; Zip Code
	\$541.23	6655 Harwin
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Appropriate attire
		Αμφιομιίατε αιτίτε
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
	Sch: 16/21 Rpt: 20/25	Roth, Donna (The Honorable) 00027106	
4	Date	5 Payee name	
	06/03/2024	Ross Fischer Law Firm	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 341016	
	!		
		Austin, TX 78734	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Legal fees	
	!		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	H	
	Date	Payee name	
	06/24/2024	Sable Gate	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$194.85	2600 Travis Street, Ste 104	
	!		
		Houston, TX 77006	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	HTLA Women's Caucus	
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH	H	
	Date	Payee name	
	06/17/2024	San Francisco Street Gallery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,100.00	50 E. San Francisco Street	
		Santa Fe, NM 87501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Deposit for art for chambers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 21/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	06/14/2024	Santa Cafe
6	Amount (\$) \$339.46	7 Payee address; City; State; Zip Code 231 Washington Avenue 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 Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2024	Southwest Airlines
	Amount (\$) \$719.92	Payee address; City; State; Zip Code P.O. Box 36647-1CR
		Dallas, TX 75235
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ABOTA CLE conterence
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2024	Taco Cabana
	Amount (\$) \$43.28	Payee address; City; State; Zip Code 3905 Kirby Dr.
		Houston, TX 77098
	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
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/21 Rpt: 22/25	Roth, Donna (The Honorable)		00027106
4	Date	5 Payee name		·
	03/29/2024	Taco Cabana		
6	Amount (\$)	7 Payee address; City; State; Zip Code	de	
	\$43.28	3905 Kirby Dr.		
		Houston, TX 77098		
8	PURPOSE OF	,	(b) D	Description
	EXPENDITURE	Food/Beverage Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Jı	uror/staff breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/19/2024	Taco Cabana		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$43.28	3905 Kirby Dr.		
		Houston, TX 77098		
	PURPOSE OF	,	(b) D	Description
	EXPENDITURE	Food/Beverage Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Jı	uror/staff breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/06/2024	Taco Cabana		
	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$43.28	3905 Kirby Dr.		
		Houston, TX 77098		
	PURPOSE OF	,	(b) D	Description
	EXPENDITURE	Food/Beverage Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Jı	uror/staff breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/21 Rpt: 23/25	Roth, Donna (The Honorable)	00027106
4	Date	5 Payee name	•
	05/16/2024	Taco Cabana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.64	3905 Kirby Dr.	
		Houston, TX 77098	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Juror breakfast
_	0 1: 0 1: 0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/03/2024	Taco Cabana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.28	3905 Kirby Dr.	
		Houston, TX 77098	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Juror/staff breakfast
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/10/2024	Texas Board of Legal Specialization	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	505 E. Huntland Drive, Suite 400	
	Ψ200.00	Soc El Handana Billo, Gaille 100	
		Austin, TX 78752	
	DUDDOOF		
	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/21 Rpt: 24/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	05/15/2024	Treebeards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.98	1117 Texas Avenue
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Intern welcome
		intern wercome
<u>_</u>	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/15/2024	University of Houston Law Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	4604 Calhoun Road
		Houston, TX 77204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Annual gala
		7 tilldal gala
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	Voodoo Doughnuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.72	3715 Washington Ave.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff treat
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 21/21 Rpt: 25/25	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	06/18/2024	Whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.87	3712 S. Shepherd Drive
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Return from Santa Fe dinner
		Return from Santa Fe diffile
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/12/2024	Williams, LaShawn (Judge)
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$20.00	201 Caroline
	Ψ20.00	201 Outomic
		Houston, TX 77002
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation to intern lunch
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	01/22/2024	Zimmerman, Brian
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4513 Verone Street
L		Bellaire, TX 77401
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Refund of campaign contribution received outside of applicable period. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refund of campaign contribution received outside
l		the applicable period.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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<u> </u>		