#### 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) 00084138 44 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jeralynn C. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Manor 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 MI **TREASURER** Ms. Natalia NAME NICKNAME LAST **SUFFIX** Cruz **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 346-6644 **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 Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 80 Harris District Judge District 80

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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didate / officeholder. sent. Candidates an OMMITTEE TYPE GENERAL SPECIFIC	political contributions accepted or political exper These expenditures may have been made with d officeholders are required to report this information COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAM  COMMITTEE CAMPAIGN TREASURER ADD	out the candidate's or office ation only if they receive no	eholder's knowledge or
GENERAL	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAM		
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAM		
	COMMITTEE CAMPAIGN TREASURER ADD	RESS	
	.I IIZED POLITICAL CONTRIBUTIONS(OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
	TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 90,985.13
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS			
TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 76,854.84
TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE	E LAST DAY OF THE	\$ 183,947.44
TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS RTING PERIOD	AS OF THE LAST DAY	\$ 0.00
	true and correct and include	es all information required t	
	The Ho	norable Jeralynn C. Mar	nor
	Signatur	e of Candidate or Officehol	der
' STAMP / SEAL AB	OVE		
			day
Iministering oath			r administering oath
	l before me, by the s _, 20, to c	true and correct and include under Title 15, Election Code under T	before me, by the said, this the, this the, 20, to certify which, witness my hand and seal of office.

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

COVERS								
l	ER NAN nor, Je	ME ralynn C. (The Honorable)	<b>19</b> Filer ID 00084138	(Ethics Commission Filers)				
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT				
1.	X	\$ 90,985.13						
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 CONTRIBUTION	S	<b>\$</b> 76,854.84				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		\$						
8.		\$						
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 59.48				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/44
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	05/02/2024 Ahmad, Zavitsanos & Mensing  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00		
		Houston, TX 77010				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date Full name of contributor out-of-state PAC (ID#:)  04/30/2024 Amaro, James  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$500.00		
	Contributor's F	Houston, TX 77008 Principal Occupation		Contributor's Job Title		
	Attorney			Managing Partner		
	Contributor's 6 Amaro Law I	employer/law firm Firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/17/2024	Anthony G. Buzbee, LP  Contributor address; City; 9  Houston, TX 77002	State; Zip Code		•	\$5,000.00
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	l		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/44
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	05/02/2024 Armstrong Lee & Baker LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00		
		Houston, TX 77092				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	04/17/2024	Arnold, Kurt  Contributor address; City;	State; Zip Code			\$5,000.00
		Houston, TX 77008		I		
		Principal Occupation		Contributor's Job Title		
_	Attorney	employer/law firm		Managing Partner	2011	oo (if anu)
	Arnold & Itki	, ,		Law firm of contributor's sp Arnold & Itkin LLP	Jou	se (II ally)
		s a child, law firm of parent(s) (i	f any)	, and a takin EE		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/26/2024	Birnberg, Gerald Contributor address; City; Houston, TX 77024-363				\$350.00
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Officer	of Gerald M Birnberg				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	- 1	Total pages Schedule A(J)1 Sch: 3/17 Rpt: 6/44	L:
2	FILER NAME				- 1	Filer ID (Ethics Commission	on Filers)
	Manor, Jera	ynn C. (The Honorable)				00084138	
4	Date 04/22/2024				7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 76270		_			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	0 Contributor's employer/law firm 11 Law firm of contributor's sp			spous	e (if any)		
12	! If contributor i	s a child, law firm of parent(s) (	if any)				
_	Date	Full name of contributor	out-of-state PAC (ID#	: )	1	Amount of Contribution (\$)	
	04/30/2024 Brann, Scott  Contributor address; City; State; Zip Code		:/		(+)	\$1,000.00	
					, _,		
		Houston, TX 77007					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's s	spous	e (if any)	
	Brann Sulliv	an Trial Lawyers					
	If contributor i	s a child, law firm of parent(s) (	if any)				
	Date	Full name of contributor	out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	01/09/2024	Cockrell, Laura					\$1,000.00
		Contributor address; City;					
		Houston, TX 77006					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's s	spous	e (if any)	
	Craft Law Fi			Craft Law Firm, P.C.			
	If contributor i	s a child, law firm of parent(s) (	if any)				
l							

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ges Schedule A(J)1 17 Rpt: 7/44	:
2	FILER NAME Manor, Jeral	ynn C. (The Honorable)			3 Filer ID 0008413	(Ethics Commission (Ethics Commi	on Filers)
4	Date 04/18/2024  5 Full name of contributor out-of-state PAC (ID#:) Coleman LLP, Yetter  6 Contributor address; City; State; Zip Code  Houston, TX 77002			7 Amount o	of Contribution (\$)	\$1,041.44	
8	Contributor's F	Principal Occupation		9 Contributor's Job Title	<u> </u>		
Ŭ	Attorney	тпора Оссараноп		Attorney			
10		employer/law firm		11 Law firm of contributor's sp	nouse (if any)		
	Law Firm Do			22 Edw mm or contributor 5 Sp	ouse (ii uriy)		
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount o	of Contribution (\$)	
	O1/11/2024 Craft, Hunter  Contributor address; City; State; Zip Code  Houston, TX 77019					\$2,500.00	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Craft Law Fi	rm, P.C.		Craft Law Firm, P.C.			
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount o	of Contribution (\$)	
	04/23/2024	Criaco, Adam  Contributor address; City; Sta  Houston, TX 77060	tte; Zip Code				\$1,041.44
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	Attorney			Partner			
	Contributor's employer/law firm Law firm of contributor's sp				ouse (if any)		
	Criaco & Sa	mperi					
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 5/17 Rpt: 8/44
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Manor, Jera	lynn C. (The Honorable)			00084138
4	Date	Date 5 Full name of contributor out-of-state PAC (ID#:)			7 Amount of Contribution (\$)
	04/11/2024	11/2024 Dobrowski, Paul			\$2,500.00
		6 Contributor address; City;	State; Zip Code		
		Houston, TX 77007			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Lawyer			Lawyer	
10		employer/law firm		11 Law firm of contributor's s	spouse (if any)
		Stafford & Pierce LLP			
12	If contributor i	s a child, law firm of parent(s) (	if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/15/2024	Gibbs, Robin			\$1,000.00
		Contributor address; City;	State; Zip Code		··· <b> </b>
		Houston, TX 77002			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	Gibbs & Bru	ns LLP			
	If contributor i	s a child, law firm of parent(s) (	if any)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/19/2024	Gibson, Jason	_		\$5,000.00
		Contributor address; City;	State; Zip Code		··· <mark> </mark>
		Houston, TX 77098			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	The Gibson	Law Firm		Same	
	If contributor i	s a child, law firm of parent(s) (	if any)	1	
Н					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/44
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Manor, Jeral	lynn C. (The Honorable)	_		_	00084138
4	Date 02/14/2024	<ul><li>5 Full name of contributor Goldberg, Daniel</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$180.00
		Houston, TX 77004				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney Attorney			Attorney		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
	Goldberg La	w Office		Goldberg Law Office		
12	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	04/23/2024 Hataway-Cone', Misty  Contributor address; City; State; Zip Code				\$1,041.44	
		Houston, TX 77007				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Managing Partner		
	Contributor's Cone' PLLC	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	· anv)			
	ii contributor i	s a crima, law iiiii or parcria(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	04/16/2024	Horowitz, Daniel	_			\$500.00
		Contributor address; City;  Houston, TX 77002	State; Zip Code			
_	Cantuila utaula I			Contributor's Job Title		
	Attorney	Principal Occupation		Managing Partner		
						(6 )
		employer/law firm prowitz, III PC		Law firm of contributor's sp	ous	se (II ariy)
_		s a child, law firm of parent(s) (if	fany)			
		, , , , , , , , , , , , , , , , , , , ,	,,			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/44
2	FILER NAME	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	Date 04/30/2024	<ul> <li>5 Full name of contributor         Husain, Nomaan</li> <li>6 Contributor address; City;</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77057				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney Attorney					
10	Contributor's e  Husain Law	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	04/16/2024	Itkin, Jason  Contributor address; City;  Houston, TX 77007	State; Zip Code			\$5,000.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney	inicipal Cocapation		Managing Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Arnold & Itki		6 A			
	if contributor is	s a child, law firm of parent(s) (i	r any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/22/2024	Kherkher, Steven	_			\$2,500.00
		Contributor address; City;  Houston, TX 77098	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kherkher Ga	arcia LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to com	plete this f	orm.	1	ges Schedule A(J)1 17 Rpt: 11/44	L:
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3 Filer ID 000841	(Ethics Commissi	on Filers)
4	Date 04/15/2024  5 Full name of contributor out-of-state PAC (ID#:) Kim, John  6 Contributor address; City; State; Zip Code  Houston, TX 77006		7 Amount	of Contribution (\$)	\$1,041.44		
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10		employer/law firm		11 Law firm of contributor's sp	ouse (if anv)		
	The Kim Lav			The Kim Law Firm	, ,		
12		s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amount	of Contribution (\$)	
	02/05/2024 Kinnard, Harold Contributor address; City; State; Zip Code  Houston, TX 77063					\$104.42	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Agent			Agent			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Allstate						
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amount	of Contribution (\$)	
	04/21/2024	Kretzer, Seth  Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City;	ode				\$250.00
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	Attorney			Attorney			
	Contributor's employer/law firm Law firm of contributor's sp				ouse (if any)		
	Law Office o	f Seth Kretzer					
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 9/17 Rpt: 12/44
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	01/16/2024 Law Office of Domingo Garcia LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00		
		Dallas, TX 75243				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date Full name of contributor out-of-state PAC (ID#:)  04/26/2024 Layrisson, Louie  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$500.00		
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney	and a conflored fines		Partner		on (if any )
	Baker Botts	employer/law firm LLP		Law firm of contributor's sp Serpe Andrews PLLC	Jou	se (II ally)
		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024	Lowenberg, Michael  Contributor address; City;  Katy, TX 77494	State; Zip Code		•	\$5,000.00
_	Contributor's F	I Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
Г	Contributor's	employer/law firm		Law firm of contributor's sp	ou	se (if any)
	Lowenberg I	_aw Firm				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/17 Rpt: 13/44
2	FILER NAME	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	Date 05/01/2024	Full name of contributor     Lubel, Lance     Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,562.00
		Houston, TX 77057				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	10 Contributor's employer/law firm  Lubel voyles llp				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024	Majors, Coren  Contributor address; City;  Houston, TX 77063	State; Zip Code			\$26.34
_	Contributor's	Principal Occupation		Contributor's Job Title		
	unemployed			unemployed		
_		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	unemployed			· ·		
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	04/24/2024	Mathews, Jeffery	_			\$1,041.44
		Contributor address; City; Sugar Land, TX 77479	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Henry   Math					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/17 Rpt: 14/44
2	FILER NAME	lynn C (The Henerable)			3	Filer ID (Ethics Commission Filers)
4	Date 04/29/2024	ynn C. (The Honorable)  5 Full name of contributor McCloskey, Tim  6 Contributor address; City;	out-of-state PAC (ID#:	)	7	00084138  Amount of Contribution (\$) \$1,000.00
		Houston, TX 77007		T		
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Managing Partner		
10		employer/law firm Roberson Woolley		11 Law firm of contributor's sp	oous	se (If any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024 Minces, David  Contributor address; City; State; Zip Code				\$520.87	
		Houston, TX 77401				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Minces Ranl					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/29/2024	Mithoff, Richard				\$1,000.00
		Contributor address; City;  Houston, TX 77003				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney Managing Partner			Managing Partner		
Contributor's employer/law firm  Law firm of contributor's spou				oous	se (if any)	
	Mithoff Law					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		ges Schedule A(J)1 /17 Rpt: 15/44	i:
2	FILER NAME Manor, Jeral	ynn C. (The Honorable)			3 Filer ID 0008413	(Ethics Commission 38	on Filers)
4	Date 05/02/2024	<ul><li>5 Full name of contributor Moore, Daryl</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	7 Amount o	of Contribution (\$)	\$1,000.00
		Houston, TX 77098					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Partner			
10		employer/law firm itsanos & Mensing		11 Law firm of contributor's sp	oouse (if any)		
12		s a child, law firm of parent(s) (if	f anv)				
		o a oa, .a.v o . pa. o(o) (	,,				
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount o	of Contribution (\$)	
	04/19/2024 Moore, Daryl  Contributor address; City; State; Zip Code				,,	\$205.93	
		Houston, TX 77098					
	Contributor's F	Principal Occupation		Contributor's Job Title	1		
	Attorney			Partner			
		employer/law firm		Law firm of contributor's sp	oouse (if any)		
		tsanos & Mensing					
	If contributor is	s a child, law firm of parent(s) (if	fany)				
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of	of Contribution (\$)	
	04/16/2024	Musslewhite, Jeffrey					\$260.59
		Contributor address; City;  Houston, TX 77027	State; Zip Code				
	Contributor's [	Principal Occupation		Contributor's Job Title			
	Attorney	-Tilicipal Occupation		Partner			
H	,			Law firm of contributor's sp	ouse (if any)		
		sslewhite, LLP		· ·	, ,,		
	If contributor is	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	SCHEDULE A(J)			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/17 Rpt: 16/44
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Manor, Jeral	ynn C. (The Honorable)			╙	00084138
4	Date 01/03/2024	<ul><li>5 Full name of contributor Musyimin, Solomon</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Manvel, TX 77578				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	•	
	Attorney			Managing Partner		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Law Firm of	Solomon Musyimi				
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	02/02/2024 Musyimin, Solomon  Contributor address; City; State; Zip Code				\$500.00	
		Manvel, TX 77578				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Managing Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Firm of	Solomon Musyimi				
	If contributor is	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	03/03/2024	Musyimin, Solomon	_			\$500.00
		Contributor address; City;  Manvel, TX 77578	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	molpai occupation		Managing Partner		
_					วดนร	se (if any)
Contributor's employer/law firm Law firm of contributor's spouse (if any)  Law Firm of Solomon Musyimi						
	If contributor is	s a child, law firm of parent(s) (i	fany)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/17 Rpt: 17/44
2	FILER NAME	0 (7)			3	Filer ID (Ethics Commission Filers)
	Manor, Jeral	ynn C. (The Honorable)				00084138
4	Date 04/30/2024	<ul><li>5 Full name of contributor Newport, Jeffrey</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77024				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm J.R. Newport		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	f any)			
12	. II Continuator i	s a clind, law littl of paretil(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	04/16/2024	Nolen, Rand	_			\$250.00
	Contributor address; City; State; Zip Code				1	
		,				
		Houston, TX 77019				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	Tincipal Occupation		Partner		
		employer/law firm			2011	on (if any)
		len & Jez LLP		Law firm of contributor's sp	Jous	se (ii diiy)
_			t a m. A			
	ii contributor i	s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)
	04/22/2024	Padilla, John	_			\$1,000.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77057				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's sp				oous	se (if any)
	Padilla & Ro	driguez, LLP				
	If contributor is	s a child, law firm of parent(s) (i	fany)	•		

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/44
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084138
4	Date 04/26/2024	5 Full name of contributor Pusch, Anthony  6 Contributor address; City; 9	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77023				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Managing Partner		
10	0 Contributor's employer/law firm 11 Law firm of contributor's				oous	se (if any)
_	Pusch & Ng					
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	05/02/2024 Shepard, Shaleigha  Contributor address; City; State; Zip Code			\$26.34		
		Houston, TX 77027				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	The Foley La	employer/law firm		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (if	(any)			
	ii contributor i	s a ciliiu, iaw iiriii oi pareiii(s) (ii	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	04/22/2024	Sorrels, Randall				\$1,041.44
		Contributor address; City; \$ Houston, TX 77007				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's employer/law firm  Law firm of contributor's sp				oous	se (if any)
	Sorrels Law			Sorrels Law		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CON	ONS		SCHEDULE	A(J)1	
	The Instru	ction Guide explains how to o	complete this f	orm.		ges Schedule A(J)1 6/17 Rpt: 19/44	i:
2	FILER NAME Manor, Jeral	lynn C. (The Honorable)			3 Filer ID 000841	(Ethics Commissi	on Filers)
4	Date 05/01/2024	<ul> <li>5 Full name of contributor of Spagnoletti, Marcus</li> <li>6 Contributor address; City; State; Z</li> <li>Houston, TX 77002</li> </ul>	ut-of-state PAC (ID#:_ Zip Code		7 Amount	of Contribution (\$)	\$5,000.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	l		
	Attorney			Managing Partner			
10	Contributor's e	employer/law firm Law firm		11 Law firm of contributor's sp	ouse (if any)	1	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor 0	ut-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	02/28/2024 Taaffe, Peter  Contributor address; City; State; Zip Code  Houston, TX 77024					\$250.00	
	Contributor's F	<u>I</u> Principal Occupation		Contributor's Job Title	<u> </u>		
	Mediator	•		Mediator			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if any)	)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor 0	ut-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	05/02/2024	The Law Firm of Alton C. Todd Contributor address; City; State; Z Friendswood, TX 77546					\$1,250.00
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1 Total pages Schedule A(J)1: Sch: 17/17 Rpt: 20/44
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Manor, Jera	lynn C. (The Honorable)			00084138
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		7 Amount of Contribution (\$)
	06/05/2024	Tran, Minh-Tam Tamm	y		\$1,000.00
		6 Contributor address; City;	State; Zip Code		
		Missouri City, TX 77459	9		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney		Managing Partner		
10	Contributor's	employer/law firm		11 Law firm of contributor's s	spouse (if any)
	Tammy Trar	n Attorneys At Law, LLP			
12	If contributor i	s a child, law firm of parent(s) (	if any)		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/22/2024	West, Scott	<b>_</b> , ,		\$5,000.00
		Contributor address; City;	State; Zip Code		···
		Sugar Land, TX 77479			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney			Managing Partner	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	The West La	aw Firm			
	If contributor i	s a child, law firm of parent(s) (	if any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/22/2024	Zavitsanos, John	_		\$5,000.00
		Contributor address; City;	State; Zip Code		
		Houston, TX 77010			
	Contributor's	Principal Occupation		Contributor's Job Title	
	Attorney Managing partner				
		employer/law firm		Law firm of contributor's s	spouse (if any)
	Ahmad, Zav	itsanos & Mensing			
	If contributor i	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 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	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: 1/20 Rpt: 21/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	02/06/2024	Aceves Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 6514
		Houston, TX 77265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  General Consulting
		General Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/07/2024	Aceves Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,941.78	PO Box 6514
		Houston, TX 77265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  General Consulting and Printing Reimbursement
		Scheral Sonsalang and Finaling Reinisarsement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	01/25/2024	Payee name Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Donation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	Committee Legal S	ards/Memorials Expense services nstruction Guide explains		ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:		·		•	3 Filer ID	(Ethics Commission Filers)
-	Sch: 2/20 Rpt: 22/44		C. (The Honorable)			00084138	(Lance Commission File 15)
4	Date	5 Payee name				•	
	03/19/2024	Aubrey Taylor Co	ommunications				
6	Amount (\$) \$5,000.00	7 Payee address; 957 Nasa Parkw #251 Houston, TX 770	ay	e; Zip Coo	de		
8	PURPOSE OF EXPENDITURE	(a) Category (See Cate Advertising Expe	gories listed at the top of this sch	hedule)		outside of Texas. Com n, TX, officeholder living Ivertising	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	der name (	Office soug	yht	Office he	eld
	Date	Payee name					
	04/07/2024	Aubrey Taylor Co	ommunications				
	Amount (\$)	Payee address;	City; State	e; Zip Coo	de		
	\$3,000.00	957 Nasa Parkw	ay				
		#251					
		Houston, TX 770	58				
	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Advertising Expe	nse		<u> </u>	outside of Texas. Com	
					Magazine Ad	n, TX, officeholder living Ivertisina	g expense
					Magazino / ta	.voruonig	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officehold	der name	Office soug	yht	Office he	eld
	Date	Payee name					
	05/14/2024	Aubrey Taylor Co	ommunications				
	Amount (\$)	Payee address;	City; State	e; Zip Cod	de		
	\$4,000.00	957 Nasa Parkw	ay				
		#251					
		Houston, TX 770	58				
	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Advertising Expe	nse			outside of Texas. Com	
					Check if Austin Magazine Ad	n, TX, officeholder living	g expense
					wayazine Au	iverusing	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehole	der name	Office soug	ght	Office he	eld
		-					
_							
_	T T. T. T F	laite a Communication	. 11. 1				\ / · · · · · · \ / / / / 0   1070   1 · · 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/Political Committee Credit Card Payment			Legal Services  The Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI	3				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/20 Rpt: 23/44	Manor, Jer	alynn C. (The Honora	ıble)				00084138	
4	Date	5 Payee name							
	06/30/2024	Donor Box							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$2,905.37	53rd St.							
		Suite 900							
		San Franci	sco, CA 94103						
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				므		de of Texas. Com officeholder living	plete Schedule T.
						_			s 01/01 -06/30/2024
						Ground Gara .		5000mg 1 00	0 01/01 00/00/2021
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	experientare to benefit Great								
	Date	Payee name							
	06/11/2024	Etsy.com							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$272.25	117 Adams	Street in Dumbo						
		Brooklyn, N	IY 11201						
	PURPOSE OF		ee Categories listed at the top		(b)	Description		df.T O	whate Cabadala T
	EXPENDITURE	Office Over	head/Rental Expens	е		<b>=</b>		officeholder living	plete Schedule T. g expense
						Office Furnish			,
								3	
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	<del></del>							
	Date	Payee name							
	02/05/2024	Gambinos							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$374.00	2308 Piedn	nont St,						
		Kenner, LA	70062						
	PURPOSE	1	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						Staff Event C		officeholder living	g expense
						Stail Event C	aic	iiig	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	H							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ct tegory not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (	(Ethics Commission Filers)
L	Sch: 4/20 Rpt: 24/44	Manor, Jeralynn C. (The Honorable) 00084138	
4	Date	5 Payee name	
	01/25/2024	Givens, Kathy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	201 Caroline	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living ex	kpense
		Court Staff Bonus	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
a	Complete ONLY if direct expenditure to benefit C/O		ı
	Date	Payee name	
	03/22/2024	Hall, Terrance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	6011 West Orem Dr	
		Houston, TX 77085	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	ZA ZABITORZ	Check if Austin, TX, officeholder living ex	kpense
		Senior Outreach	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u> </u>
	expenditure to benefit C/O	<del>-</del>	•
$\vdash$	Data	Davida nama	
	Date 02/01/2024	Payee name  Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42,000.00	4619 Lyons Ave	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee Coordinated Campaign Contri	
		Coordinated Campaign Contri	มนเปน
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u> </u>
	expenditure to benefit C/O	•	•

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	,
1	Total pages Schedule F1:	
	Sch: 5/20 Rpt: 25/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	02/01/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4619 Lyons Ave
	,	
		Houston, TV 77020
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Event Sponsorship
<u>_</u>	Complete ONLY !! -!!	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/29/2024	Hotel.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$774.49	5400 LBJ Freeway
		Suite 500
		Dallas, TX 75240
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for CLE in New Orleans
		3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
H	Data	
	Date	Payee name
	01/29/2024	Hotel.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	5400 LBJ Freeway
		Suite 500
		Dallas, TX 75240
	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
		Hotel Booking Fee for CLE Lodging
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/e)
1	Total pages Schedule F1:		n Filers)
Ļ	Sch: 6/20 Rpt: 26/44	Manor, Jeralynn C. (The Honorable) 00084138	
4	Date 03/26/2024	5 Payee name Hotel.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,165.26	5400 LBJ Freeway	
		Suite 500	
		Dallas, TX 75240	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel sutside of Taxes Complete Schedule T	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lodging CLE in Santa Fe	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	01/08/2024	Houston Association of Women Attorneys	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	2450 Louisiana St.	
		Suite 400-301	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Annual Dues	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	03/14/2024	Il Vicino Wood Oven Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.63	321 W San Francisco St	
		Santa Fe, NM 87501	
	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	
		Travel Meal	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			,
1	Total pages Schedule F1: Sch: 7/20 Rpt: 27/44	2 FILER NAME  Manor, Jeralynn C. (The Honorable)  3 Filer ID (Ethics Commission Filers 00084138	5)
4	Date	5 Payee name	
	03/15/2024	Izanami Restaurant	
6	Amount (\$) \$137.89	7 Payee address; City; State; Zip Code 21 Ten Thousand Waves Way  Santa Fe, NM 87501	
8	PURPOSE	(a) Cotogon ( ) (b) Description	
١	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	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel Meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/18/2024	Izanami Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$248.00	21 Ten Thousand Waves Way	
		Santa Fe, NM 87501	
	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  Travel Meal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/25/2024	Jimenez, Danielle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	201 Caroline	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Court Staff Bonus	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		,
1	Total pages Schedule F1:	
	Sch: 8/20 Rpt: 28/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
L	01/08/2024	Judge Sandill Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	P.O. Box 56386
		Houston, TX 77256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reimbursement Court Holiday Party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/08/2024	Judge Sandill Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 56386
		Houston, TX 77256
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement Judicial Retreat
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitie to belieff C/Of	1
	Date	Payee name
	01/25/2024	King, Donna
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Court Staff Bonus
	Commission ONE V. C. C.	Condidate/Officeholder name
	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)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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	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: 9/20 Rpt: 29/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	02/08/2024	Kroger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.94	10306 S Post Oak Rd
		Houston , TX 77035
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
		Staff Event Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	02/12/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.63	10306 S Post Oak Rd
		Houston, TX 77035
	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 Event Refreshments
		Stan Event Reneshments
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	<b>D</b> .	
	Date	Payee name
	03/19/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.50	10306 S Post Oak Rd
		Houston, TX 77035
	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
		Jury Meals
_	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/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: 10/20 Rpt: 30/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	03/18/2024	La Posada de Santa Fe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$498.86	330 E Palace Ave
		Santa Fe, NM 87501
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  Travel Meals
		Traver Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	<u> </u>	
	Date	Payee name
	03/18/2024	Lyric Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.26	411 Smith St
		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  Staff Lunch
		Stati Euricii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L	Dete	
	Date	Payee name Michael Compaign
	01/11/2024	Michael Gomez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.52	P.O. Box 56386
L		Houston, TX 77256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Court Cable Subscription
		Court Cable Subscription
_	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 -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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 11/20 Rpt: 31/44	2 FILER NAME Manor, Jeralynn C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084138
	·	
4	Date	5 Payee name
	05/03/2024	Mutiny Wine Room
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,403.33	1124 Usener St
		Herreton TV 77000
Ļ		Houston, TX 77009
8	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
		Fundraiser Catering and Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/20/2024	Omni Royal Orleans
	Amount (\$)	Payee address; City; State; Zip Code
	\$273.93	621 St Louis St
	Ψ210.00	021 Ot 20010 Ot
		New Orleans, LA 70130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Travel Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/13/2024	Pappas Delivery
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,507.98	P.O. Box 41567
	\$1,507.98	P.O. BOX 41307
		Houston, TX 77241
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Event Catering
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			egal Services		Salaries/Wa		e /Contract Labor		OTHER (enter	a category not listed abo	ve)
	Credit Card Payment		1	he Instruction Gu	uide explains ho	w to com	nple	te this form.				
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 12/20 Rpt: 32/44	М	lanor, Jeraly	nn C. (The Ho	onorable)					00084138		
4	Date	<b>5</b> Pa	ayee name						·			
	02/14/2024	ı	appas Deliv	ery								
6	Amount (\$)	<b>7</b> Pá	ayee address	s; City;	State; 2	Zin Cod	le.					
	\$300.00		O. Box 415		Otato, .	p						
	4000.00	'	.0.20% .20									
			louston TV	77041								
Ļ		_	louston, TX									
8	PURPOSE OF			Categories listed at the	ne top of this schedu	ule) (	(b)	Description		df.T O	onless Colondale T	
	EXPENDITURE	F0	ood/Bevera	ge Expense				느		officeholder livin	nplete Schedule T. a expense	
								Staff Event C			3 - 1	
										J		
9	Complete ONLY if direct	<u> </u>	ndidate/Office	eholder name	Offi	ice soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н				Ū						
_	Date	P	ayee name									
	02/12/2024	ı	arty City									
	Amount (\$)		avee address	s; City;	State;	Zin Cod	le.					
	\$207.51		225 Southw		Otato, .	p						
	7-01.02	"		,								
			louston, TX	77027								
	DUDDOCE	_				1,	(h)	5 ' ' '				
	PURPOSE OF	I		Categories listed at the	ne top of this schedu	ule)	(D)	Description  Check if travel of	nutsi	de of Texas Cor	nplete Schedule T.	
	EXPENDITURE	=	vent Expens	se				<b>-</b>		officeholder livin		
								Staff Event D	eco	orations		
	Complete ONLY if direct		ndidate/Office	eholder name	Offi	ice soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Pá	ayee name									
	03/13/2024	P	eak Private	Car Transport	ation LLC							
	Amount (\$)	Pá	ayee address	s; City;	State;	Zip Cod	le					
	\$67.79	14	404 Asequia	a Borrada W								
		S	anta Fe, NN	и 87507								
	PURPOSE	(a) C	ategory (See	Categories listed at tl	ne ton of this schedu	ule) (	(b)	Description				
	OF EXPENDITURE	ı	ravel Out of						outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE									officeholder livin	g expense	
								Commute for	CL	.E		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Office	eholder name	Offi	ice soug	ht			Office h	eld	
	experientare to benefit G/OI											

### 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: 13/20 Rpt: 33/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	03/15/2024	Peak Private Car Transportation LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.78	1404 Asequia Borrada W
		Santa Fe, NM 87507
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Commuting for CLE
		Continuing for CEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	03/18/2024	Peak Private Car Transportation LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.74	1404 Asequia Borrada W
		Santa Fe, NM 87507
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Commuting for CLE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	David and the second se
	Date 03/18/2024	Payee name  Paye Private Car Transportation LLC
		Peak Private Car Transportation LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.63	1404 Asequia Borrada W
		Santa Fe, NM 87507
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Commuting for CLE
		Commuting for CLE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)
-	Sch: 14/20 Rpt: 34/44	Manor, Jeralynn C. (The Honorable)  00084138
4	Date	5 Payee name
	03/18/2024	Plaza Cafe Downtown
6	Amount (\$) \$26.20	7 Payee address; City; State; Zip Code 54 Lincoln Ave  Santa Fe, NM 87501
8	DUDDOCE	1
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel Refreshments
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2024	Reservations.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.37	390 N Orange Ave
		#1605
		Orlando, FL 32801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging Registration Fees
		Loaging Noglotiation 1 000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2024	Sanchez, Andy
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Court Staff Bonus
_	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

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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	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: 15/20 Rpt: 35/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	03/18/2024	Santa Fe Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.18	121 Aviation Dr
		Santa Fe, NM 87507
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  Travel Refreshments
		Traver iverresuments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	Dete	
	Date	Payee name
	03/14/2024	Sheperd, Kay
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1022 Saulnier St
		Houston, TX 77019
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Senior Outreach
		Schol Odlicach
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/09/2024	Payee name
		Shipley Do-Nuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.66	2538 S Voss Rd
		Houston, TX 77057
	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 Breakfast
		Stall Dieaniast
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/20 Rpt: 36/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	04/11/2024	Shipley Do-Nuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.21	2538 S Voss Rd
		Houston, TX 77057
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 Breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	01/26/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 Colorado Street
		Austin, TX 78701
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CLE Registration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/27/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 Colorado Street
	¥-20000	
		Austin, TX 78701
	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
		CLE Registration
	Complete ONLY if direct expenditure to benefit C/Ol	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 -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 17/20 Rpt: 37/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	06/11/2024	TEMU.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.41	31 Saint James Ave.
		Suite 355
		Boston, MA 02116
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 Office Furnishings
		Office Fuffishings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
Г	Date	Payee name
	01/25/2024	Taylor, Marjorie
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 Caroline
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Court Staff Bonus
		Godit Stail Bollag
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/19/2024	Texas Bar Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	515 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Allitual Dollation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		The Instruction G	uide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission	Filers)
	Sch: 18/20 Rpt: 38/44	Manor	, Jeralynn C. (The Ho	onorable)				00084138		
4	Date	<b>5</b> Payee	name				<u> </u>			
	03/15/2024	The S								
6	Amount (\$)	<b>7</b> Payee	address; City;	State; Zip Co	ode					
	\$29.12	l	2 E Palace Ave	μ.						
		Santa	Fe, NM 87501							
8	PURPOSE				(h)	Description				
ľ	OF		ory (See Categories listed at t Beverage Expense	the top of this schedule)	(5)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	1 000/1	Develage Expense					officeholder living		
						Travel Refres	shn	nents		
9	Complete ONLY if direct expenditure to benefit C/OH		te/Officeholder name	Office sou	ught			Office he	eld	
	experialture to beriefft C/Or	1								
	Date	Payee	name							
	01/22/2024	Treeb	eards							
	Amount (\$)	Payee	address; City;	State; Zip Co	ode					
	\$89.31	1117	Гехаs Ave.							
		Houst	on, TX 77002							
	PURPOSE	(a) Catego	Ory (See Categories listed at t	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	I	Beverage Expense			<b>=</b>		de of Texas. Com		
						Check if Austin Staff Meal	ı, TX,	officeholder living	expense	
						Stall Meal				
_	Complete ONLY if direct	Candida	te/Officeholder name	Office sou	ıaht			Office he	ald	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Data	Davisa								
	Date 05/14/2024	Payee	name -Downtown							
				State: 7in C	- d -					
	Amount (\$) \$170.00	· ·	address; City; mith St	State; Zip Co	oue					
	Φ170.00	700 31	illiul St							
		Llevet	TV 77000							
			on, TX 77002							
	PURPOSE OF		(See Categories listed at t		(b)	Description  Check if travel	outei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Office	Overhead/Rental Ex	pense		_		officeholder living		
						Post Office B				
	Complete ONLY if direct		te/Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/O	H								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 39/44	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	01/30/2024	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$555.50	233 South Wacker Drive
		Chicago, IL 60601
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CLE in New Orleans
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/27/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,082.14	233 South Wacker Drive
		Chicago, IL 60601
	DUDD 0.05	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Flight to Santa Fe for CLE
		I light to Galilla 1 5 151 GEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	03/18/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	233 South Wacker Drive
		Chicago, IL 60601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bag Fees
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			mmittee	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.				Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction Gu	uide explains l	how to comple	te this form.					
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commi	ssion Filers)	
	Sch: 20/20 Rpt: 40/44		Manor, Jer	alynn C. (The Ho	onorable)				00084138	}		
4	Date	5	Payee name	 e				_				
	06/03/2024		United Airli									
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code						
	\$833.68		233 South	Wacker Drive								
			Chicago, IL	_ 60601								
8	PURPOSE OF	(a)		See Categories listed at t	he top of this sche	edule) (b)	Description					
	EXPENDITURE		Travel Out	of District			_		ide of Texas. Co , officeholder livi	mplete Schedule T.		
							CLE in Los A			9		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	C	Office sought			Office	neld		

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

### SCHEDULE K

Book										
Manor, Jeralynn C. (The Honorable)  4 Date 01/11/2024 5 Name of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 7 Purpose for which amount is received. City: State: Zip Code  Account Interest  Date 02/12/2024 Frosts Bank Address of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 7 Purpose for which amount is received. City: State: Zip Code  Account Interest  Date 03/12/2024 Prosts Bank Address of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 Purpose for which amount is received. City: State: Zip Code  Account Interest  Date 03/12/2024 Name of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 Purpose for which amount is received. City: State: Zip Code  Address of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 Purpose for which amount is received. City: State: Zip Code  Account Interest  Date 04/10/2024 Frosts Bank Address of person from whom amount is received. City: State: Zip Code  Houston, TX 77025 Purpose for which amount is received. City: State: Zip Code  Account Interest  Date 04/10/2024 Frosts Bank Address of person from whom amount is received. City: State: Zip Code  Account Interest  Date Name of person from whom amount is received. City: State: Zip Code  Account Interest  Amount (8) State: Zip Code  Amount (8) State: Zip Code  Amount (8) State: Zip Code  Amount (8) Amount (8) State: Zip Code  Amount (8)	•	The Instruction Guide explains how to complete this form.								
5 Name of person from whom amount is received C1/11/2024 Frosts Bank C2/12/2024  Account Interest  Date 02/12/2024 Name of person from whom amount is received Account Interest  Date 03/12/2024  Name of person from whom amount is received Account Interest  Date 03/12/2024  Name of person from whom amount is received Account Interest  Date 03/12/2024  Name of person from whom amount is received Account Interest  Date 03/12/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Houston, TX 77025  Purpose for which amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received Account Interest  Date 04/10/2024  Name of person from whom amount is received City: State: Zip Code  Houston, TX 77025  Purpose for which amount is received Account Interest  Amount (3)  Address of person from whom amount is received City: State: Zip Code  Houston, TX 77025  Purpose for which amount is received. City: State: Zip Code  Houston, TX 77025  Purpose for which amount is received. City: State: Zip Code  Houston, TX 77025  Purpose for which amount is received. City: State: Zip Code  Houston, TX 77025  Purpose for which amount is received. City: State: Zip Code	2							r ID	(Ethics Commission F	ilers)
Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  7 Purpose for which amount is received Account Interest  Date 02/12/2024  Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Account Interest  Date 03/12/2024  Name of person from whom amount is received; City; State; Zip Code  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Account Interest  Date 04/10/2024  Name of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Address of person from whom amount is received; City; State; Zip Code  Account Interest  Date 05/10/2024  Name of person from whom amount is received; City; State; Zip Code  Account Interest  Amount (\$)  Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received; City; State; Zip Code  Check if political contribution returned to filer  Amount (\$)  Purpose for which amount is received; City; State; Zip Code	ı							84:	138	
Fosts Bank	4	Date	5	Name of person from whom amount is received	I				8 Amount (\$)	
Houston, TX 77025 7 Purpose for which amount is received	(	01/11/2024		Frosts Bank						\$10.98
The purpose for which amount is received   Check if political contribution returned to filer			6	Address of person from whom amount is received; City; State; Zip Code						
The purpose for which amount is received   Check if political contribution returned to filer										
The purpose for which amount is received   Check if political contribution returned to filer										
Account Interest    Date   Name of person from whom amount is received   Frosts Bank   State; Zip Code				Houston, TX 77025						
Date 02/12/2024    Name of person from whom amount is received   Amount (\$)   Frosts Bank   S;   Address of person from whom amount is received; City; State; Zip Code     Houston, TX 77025   Purpose for which amount is received   Check if political contribution returned to filer Account Interest     Date			7	Purpose for which amount is received	Check if po	litio	cal co	ontri	ibution returned to filer	
O2/12/2024 Frosts Bank \$:  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received				Account Interest						
O2/12/2024 Frosts Bank \$:  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received		Date	Ħ	Name of person from whom amount is received					Amount (\$)	
Houston, TX 77025  Purpose for which amount is received				•						\$11.40
Houston, TX 77025  Purpose for which amount is received			ļ	Address of person from whom amount is received: City: State: Zin Code						
Purpose for which amount is received Account Interest    Date				That is a person from whom amount is received, only, state, 2-p code						
Purpose for which amount is received Account Interest    Date										
Account Interest    Date   O3/12/2024   Name of person from whom amount is received   Frosts Bank   Address of person from whom amount is received; City; State; Zip Code				Houston, TX 77025						
Date 03/12/2024 Name of person from whom amount is received Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received Account Interest  Date 04/10/2024 Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received; City; State; Zip Code  Amount (\$)  Purpose for which amount is received; City; State; Zip Code  Date 05/10/2024 Name of person from whom amount is received; City; State; Zip Code  Amount (\$)  Amount (\$)  Amount (\$)  Amount (\$)  Amount (\$)  Amount (\$)  Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received; City; State; Zip Code				Purpose for which amount is received	Check if po	litio	cal co	ontri	ibution returned to filer	
O3/12/2024 Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received				Account Interest	•					
O3/12/2024 Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received		Date	<del> </del>	Name of person from whom amount is received				1	Amount (\$)	
Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received									ranount (4)	\$7.62
Houston, TX 77025  Purpose for which amount is received										
Purpose for which amount is received Account Interest    Date	Address of person from whom amount is received. City, State, Zip Code									
Purpose for which amount is received Account Interest    Date										
Account Interest  Date 04/10/2024				Houston, TX 77025						
Date 04/10/2024 Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received Account Interest  Date 05/10/2024 Name of person from whom amount is received Frosts Bank Address of person from whom amount is received Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025 Purpose for which amount is received    Check if political contribution returned to filer			Purpose for which amount is received					ibution returned to filer		
O4/10/2024 Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received Account Interest  Date 05/10/2024 Name of person from whom amount is received Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received   Check if political contribution returned to filer  Check if political contribution returned to filer				Account Interest						
O4/10/2024 Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received Account Interest  Date 05/10/2024 Name of person from whom amount is received Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received   Check if political contribution returned to filer  Check if political contribution returned to filer		Date	T	Name of person from whom amount is received					Amount (\$)	
Houston, TX 77025  Purpose for which amount is received	(	04/10/2024							. ,	\$7.21
Houston, TX 77025  Purpose for which amount is received			ļ	Address of person from whom amount is received; City; State; Zip Code						
Purpose for which amount is received										
Purpose for which amount is received										
Account Interest  Date   Name of person from whom amount is received   Amount (\$)				Houston, TX 77025						
Date 05/10/2024 Name of person from whom amount is received Frosts Bank Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received  Check if political contribution returned to filer				Purpose for which amount is received	Check if po	litio	cal co	ontri	ibution returned to filer	
O5/10/2024 Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received				Account Interest						
O5/10/2024 Frosts Bank  Address of person from whom amount is received; City; State; Zip Code  Houston, TX 77025  Purpose for which amount is received		Date	T	Name of person from whom amount is received					Amount (\$)	
Houston, TX 77025  Purpose for which amount is received   Check if political contribution returned to filer	(	05/10/2024		Frosts Bank					. ,	\$9.03
Houston, TX 77025  Purpose for which amount is received   Check if political contribution returned to filer										
Purpose for which amount is received										
Purpose for which amount is received										
				Houston, TX 77025						
			$\vdash$	Purpose for which amount is received	Check if po	litio	cal co	ontri	ibution returned to filer	
<b>1</b>				Account Interest						
			_							

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 42/44 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Manor, Jeralynn C. (The Honorable) 00084138 5 Name of person from whom amount is received 8 Amount (\$) 06/12/2024 \$13.24 Frosts Bank 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77025 Purpose for which amount is received Check if political contribution returned to filer **Account Interest**

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

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/2 Rpt: 43/44								
	3 Filer ID (Ethics Commission Filers)								
Manor, Jeralynn C. (The Honorable)	00084138								
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines									
5 Contribution / Expenditure reported on:									
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1								
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC								
6 Dates of Travel 7 Name of person(s) traveling	7 Name of person(s) traveling								
Manor, Jeralynn (The Honorable)									
8 Departure city or name of departure location									
02/20/2024 Houston									
9 Destination city or name of destination location									
02/20/2024 New Orleans									
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or	other event)								
Commercial Airplane CLE									
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee									
United Airlines									
Contribution / Expenditure reported on:									
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1								
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC									
Dates of Travel Name of person(s) traveling									
Manor, Jeralynn (The Honorable)									
Departure city or name of departure location									
03/13/2024 Houston									
Destination city or name of destination location 03/13/2024 Santa Fe									
Means of transportation Purpose of travel (including name of conference, seminar, or or	other event)								
Commercial Airplane CLE	outer eventy								
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee United Airlines									
Contribution / Expenditure reported on:									
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1								
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC								
Dates of Travel Name of person(s) traveling									
Manor, Jeralynn (The Honorable)									
Departure city or name of departure location									
03/17/2024 Sant Fe									
Destination city or name of destination location									
03/17/2024 Houston									
Means of transportation Purpose of travel (including name of conference, seminar, or	other event)								
Baggage Fees CLE									

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Manor, Jeralynn (The Honorable) 8 Departure city or name of departure location 08/05/2024 Houston Destination city or name of destination location 08/05/2024 Los Angeles 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Airplane