JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00083869	ssion Filers)	2 Total pages	i filed: 18
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER NAME	The Honorable	Veronica			Date Received	
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Rivas-Molloy				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
MAILING ADDRESS	REDACTED PER 2	54.0313. GOV'T (CODE		Receipt #	Amount
Change of Address					Data Drassand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Amy Bice				
	NICKNAME	LAST			SUFFIX	
		Larson				
6 CAMPAIGN			40	/ SUITE #; CITY	/	TATE; ZIP CODE
TREASURER	STREET ADDRESS (NO F	O BOX PLEASE),	AP	7 SUITE #, CIT	I, 3	TATE, ZIP CODE
(Residence or Business)	REDACTED PER 2	54.0313, GOV'T (CODE			
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(314) 639-1907					
8 REPORT		_			_	
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2024	Tł	HROUGH	06/30/20)24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r 🗆 F	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	Court Of Appeals, Justic	ce Place 3 Distric	t 1	Court Of Appea	als, Justice Place	e 3 District 1
	I			I		
		GO 1	TO PAGE 2			
Forms provided by Te	xas Ethics Commission		thics.state.tx.u	6	Ver	sion V4.1.0.d378aba

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 18

T

13 C / OH NAME	Rivas-Molloy, Veroni	ca (The Honorable)	14 Filer ID 00083869	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	itures made by political of the candidate's or offic	eholder's knowledge or				
Additional Pages								
	GENERAL COMMITTEE ADDRESS							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA						
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES	\$ 0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES	CAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 24,533.41				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 5,000.00				
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required					
			able Veronica Rivas-N	-				
			of Candidate or Officeho	bider				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the	day				
of	, 20, to co	ertify which, witness my hand and seal of office.						
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.d378aba0				

FORM JC/OH FPG 3 3 of 18

FURIM	5
COVER SHE	ET

	50110								
18 FILER NAM		19 Filer ID	(Ethics Commission Filers)						
Rivas-Moll	oy, Veronica (The Honorable)	00083869							
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT						
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.		\$							
5. X	5	\$ 8,219.89							
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 11.71						

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhe Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense mittee Legal Services Salaries/Wage	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			
1	Total pages Schedule F1:	2	· · ·		3 File	r ID	(Ethics Commission Filers)
-	Sch: 1/13 Rpt: 4/18	-	Rivas-Molloy, Veronica (The Honorable) 00083869				
4	Date 01/03/2024	5	Payee name Aceves Communications				
6	Amount (\$) \$600.00		Payee address; City; State; Zip Code PO Box 6514 Houston, TX 77265				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) (b) Consulting Expense	Description Check if travel o Check if Austin, General Cons	TX, office	holder living	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought	L		Office he	d
	Date		Payee name				
	02/13/2024		Amazon				
	Amount (\$) \$53.61		Payee address; City; State; Zip Code 410 Terry Ave N				
			Seattle, WA 98109				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel o Check if Austin, Office Supplie	TX, office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought	t		Office he	d
	Date		Payee name				
	04/02/2024		Amazon				
	Amount (\$) \$133.78		Payee address; City; State; Zip Code 410 Terry Ave N				
			Seattle, WA 98109				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel o Check if Austin, Office Supplie	TX, office		lete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office sought	t		Office he	ld

			EXPENDITURE	E CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Inmittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1	1		ue explains			12	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 2/13 Rpt: 5/18	2	P FILER NAME 3 Filer ID (Ethics Commiss Rivas-Molloy, Veronica (The Honorable) 00083869					Filer ID (Ethics Commission Filers) 00083869
4	Date	5	Payee name					
	04/03/2024		Amazon					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$13.63		410 Terry Ave N					
			Seattle, WA 98109					
8	PURPOSE	(₂)				(b) Decemination		
°	OF	(a)	Category (See Categories listed at the Office Overhead/Rental Expe		nedule)	(b) Description	louts	ide of Texas. Complete Schedule T.
	EXPENDITURE			CHSC				, officeholder living expense
						Office Supp	ies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ıht		Office held
	Date		Payee name					
	04/03/2024		Amazon					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le		
	\$10.75		410 Terry Ave N	Olalo,	, בוף סטנ			
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Exp	ense				ide of Texas. Complete Schedule T.
						Office Supp		, officeholder living expense
						Once Supp	163	
	Complete ONIL V if direct		Candidate/Officeholder name		Office soug	ubt.		Office held
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Oncendider hame	L L	Jince soug	jiit		Onice held
	Date		Payee name					
	04/10/2024		Amazon					
-	Amount (\$)		Payee address; City;	State:	; Zip Coo	le		
	\$5.99		410 Terry Ave N	otato,	, בוף סטנ			
	40.00		410 reny/werk					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Exp	ense				ide of Texas. Complete Schedule T.
								, officeholder living expense
						Office Supp	ies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	Iht		Office held
	superioratione to benefit 0/01	•						

			EXPENDITU	IRE CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Imittee Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1	1		Guide explains l			12	Filer ID (Ethics Commission Filere)
1	Total pages Schedule F1: Sch: 3/13 Rpt: 6/18	2	FILER NAME Rivas-Molloy, Veronica (T	he Honorable	e)		3	Filer ID (Ethics Commission Filers) 00083869
4	Date	5	Payee name					
	04/24/2024		Amazon					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le		
	\$117.96		410 Terry Ave N					
			Seattle, WA 98109					
8	PURPOSE	(a)	Category (See Categories listed a	t the ten of this cal	undula)	b) Description		
-	OF		Office Overhead/Rental E		iedule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Office Suppli	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	06/13/2024		Amazon					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le		
	\$34.57		410 Terry Ave N	,	, 1			
	40 1101							
			Seattle, WA 98109					
	PURPOSE OF	(a)	Category (See Categories listed a	t the top of this sch	iedule)	b) Description		
	EXPENDITURE		Office Overhead/Rental E	xpense				ide of Texas. Complete Schedule T. , officeholder living expense
						Office Suppli		, unicendider hving expense
						Onice Suppl	03	
	Complete ONIL V if direct		andidate/Officeholder name			b+		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicenoider name	C	Office soug	n		Office held
	Date		Payee name					
	06/12/2024		Amazon					
	Amount (\$)		Payee address; City;	Stato [.]	; Zip Coo			
	\$36.99		410 Terry Ave N	Siale,	, zip cot			
	\$30.99		410 Telly Ave N					
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed a	t the top of this sch	edule)	b) Description		
	OF		Office Overhead/Rental E		icuaic)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE			•				, officeholder living expense
						Office Suppli	es	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht	_	Office held
	expenditure to benefit C/OI	H						

			EXPENDIT	URE CATEGOF	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memo nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
	Sch: 4/13 Rpt: 7/18	2	Rivas-Molloy, Veronica (The Honorable) 00083869					
4	Date	5	Payee name					
	06/24/2024		Amazon					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	е		
	\$11.90		410 Terry Ave N					
			Seattle, WA 98109					
_	BUBBAAF							
8	PURPOSE OF	(a)	Category (See Categories listed		edule)	b) Description		ide of Tourse Operations Ophendule T
	EXPENDITURE		Office Overhead/Rental	Expense				ide of Texas. Complete Schedule T. , officeholder living expense
						Office Suppli		, onceroider iving expense
						Once Suppl	103	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	06/25/2024		Amazon					
⊢	Amount (\$)	-	Payee address; City;	Stato:	; Zip Coo	0		
	.,			Sidle,	, zip cot	e		
	\$75.76		410 Terry Ave N					
			Seattle, WA 98109					
	PURPOSE	(2)				b) Decemination		
	OF	(a)	Category (See Categories listed		edule)	b) Description Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental	Expense				, officeholder living expense
						Office Suppli		
	Complete ONILV if direct		andidate/Officeholder name			b +		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		anuluate/Onicenoider name		Office soug	nı		Office held
	1	_						
	Date		Payee name					
	06/25/2024		Amazon					
	Amount (\$)		Payee address; City;	State:	; Zip Coo	е		
	\$36.79		410 Terry Ave N	,	, 1			
	\$00.10							
			Seattle, WA 98109					
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	b) Description		
	OF		Office Overhead/Rental		,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE			•		Check if Austin	n, TX	, officeholder living expense
						Office Suppli	ies	
-	Complete ONLY if direct	L(andidate/Officeholder name	C	Dffice soug	ht		Office held
expenditure to benefit C/O								

			EXF	ENDITURE CATEGO	ORIES FOR	BOX 8	8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awai Inmittee Legal Se	erage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	head/Rer ense pense ages/Con	imbursement Ital Expense tract Labor his form.		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schodule F1:	2						2	Filor ID /	(Ethics Commission Filors)
L.	Total pages Schedule F1: Sch: 5/13 Rpt: 8/18	2		onica (The Honorab	ole)				Filer ID (00083869)	(Ethics Commission Filers)
4	Date	5	Payee name							
	06/25/2024		Amazon							
6	Amount (\$) \$60.61	7	Payee address; City; State; Zip Code 410 Terry Ave N							
			Seattle, WA 98109)						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Office Overhead/F	ries listed at the top of this sc ental Expense	chedule)			TX,	le of Texas. Comple officeholder living e:	
9	Complete ONLY if direct expenditure to benefit C/OF		candidate/Officeholde	r name	Office sou	Jht			Office held	1
	Date		Payee name							
	06/27/2024		Amazon							
	Amount (\$)		Payee address;	City; State	e; Zip Co	le				
	\$30.30		410 Terry Ave N Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Catego} Office Overhead/F	ries listed at the top of this so cental Expense	chedule)			TX,	le of Texas. Comple officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	Jht			Office held	ł
	Date		Payee name							
	06/28/2024		Amazon							
	Amount (\$) \$84.42		Payee address; 410 Terry Ave N	City; State	e; Zip Co	le				
			Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Catego} Office Overhead/F	ries listed at the top of this sc ental Expense	chedule)			TX,	le of Texas. Comple officeholder living e:	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholde	r name	Office sou	Jht			Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule E1:	12		1000 10 00.		3	Filer ID (Ethics Commission Filers)
T	Total pages Schedule F1: Sch: 6/13 Rpt: 9/18		Rivas-Molloy, Veronica (The Honorable	e)		3	Filer ID (Ethics Commission Filers) 00083869
4	Date	5	Payee name				
	06/28/2024		Amazon				
6	Amount (\$) \$20.56		Payee address; City; State; 410 Terry Ave N Seattle, WA 98109	Zip Co	de		
_	DUDDOCE				()-) = () ()- ()-		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held
	Date		Payee name				
	04/17/2024		Barnaby's Cafe Downtown				
	Amount (\$)	┢	Payee address; City; State;	Zip Co	de		
	\$64.93		801 Congress St Houston, TX 77002				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held
	Date	Γ	Payee name				
	01/31/2024		Dick's Sporting Goods				
	Amount (\$) \$113.67		Payee address; City; State; 345 Court Street	Zip Co	de		
			Coraopolis, PA 15108				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense //Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 7/13 Rpt: 10/18		Rivas-Molloy, Veronica (The Honorable)				00083869		
4	Date 01/18/2024	5	Payee name First Court of Appeals						
6		7		Zip Co	do				
0	Amount (\$) \$500.00	ľ	Payee address; City; State; 301 Fannin St.	zip co	ue				
	\$500.00								
			STE 214						
			Houston, TX 77002						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comm	ittee			, officeholder living expense Court Cheer Fund		
					Donation for	131			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held		
	Date		Payee name						
	01/19/2024		First Court of Appeals						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$500.00		301 Fannin St.						
	+000100		STE 214						
			Houston, TX 77002						
	BUBBOOF				4				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	oute	ide of Toxas, 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			
					Donation for	1st	Court Cheer Fund		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held		
	Date		Payee name						
	04/04/2024		Guard & Grace						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$170.92		500 Dallas St						
			Suite 100						
			Houston, TX 77002						
	PURPOSE	(a)			(b) Description				
	OF	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Deverage Expense				, officeholder living expense		
					Lunch Meeti	ng			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
	Total pages Schedule F1:						
	Sch: 8/13 Rpt: 11/18	Rivas-Molloy, Veronica (The Honorable) 00083869					
4	Date 01/30/2024	5 Payee name Harris County Tejano Democrats					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$30.00	3213 Houston Ave Houston, TX 77009					
Ļ	DUDDOCE						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Membership 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/17/2024	Harry's Restaurant					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$49.16	318 Tuam St					
		Houston, TX 77006					
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch Meeting 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
⊨	Date	Payee name					
	04/19/2024	Hispanic Bar Association of Houston					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,500.00	P.O. Box 3611					
		Houston, TX 77253					
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gala Sponsorship 					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 9/13 Rpt: 12/18	Rivas-Molloy, Veronica (The Honorable)	00083869						
4	Date	5 Payee name							
	03/19/2024	Hispanic Law Students Association							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.00 3100 Cleburne St								
		Houston, TX 77004							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Gala Donation	1						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
╞									
	Date	Payee name							
	04/09/2024 Hispanic National Bar Association								
	Amount (\$) Payee address; City; State; Zip Code								
	\$75.00	\$75.00 2020 Pennsylvania Ave. NW							
	Ste. 279								
		Washington, DC 20006							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Annual Dues							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/09/2024	Houston Bar Appellate Section							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$10.00	1112 Bagby St.							
		FLB 201							
	Houston, TX 77002								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.						
	EXPENDITORE		TX, officeholder living expense						
		Luncheon Tic	ket						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 10/13 Rpt: 13/18		Rivas-Molloy, Veronica (The Honorable	e)			00083869			
4	Date	5	Payee name			I				
	04/15/2024		Houston Bar Appellate Section							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
-	\$30.00	ľ	1112 Bagby St.							
			FLB 201							
			Houston, TX 77002							
	DUDDOCE			r						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)	b) Description	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee			, officeholder living expense			
					Luncheon Ti	cke	its			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	ht		Office held			
	Date		Payee name							
	06/03/2024		Houston Bar Appellate Section							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$65.00 1112 Bagby St.									
			FLB 201							
			Houston, TX 77002							
	PURPOSE	(a)			b) Description					
	OF	(~)	Category (See Categories listed at the top of this sche Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	n, TX	, officeholder living expense			
	Luncheon Tickets									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office soug	ht		Office held			
	Date		Payee name							
	05/03/2024		Houston Bar Appellate Section							
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$10.00		1112 Bagby St.							
			FLB 201							
	Houston, TX 77002									
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	b) Description					
	OF	,	Contributions/Donations Made By	edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Political Commi	ittee	Check if Austir	ı, TX	, officeholder living expense			
					Luncheon Ti	cke	ets			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O)ffice souç	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	Tra Tra Tra	ansportation E avel in District avel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)		
1	1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
-	Sch: 11/13 Rpt: 14/18										
4	Date	5 Pay	ee name								
	04/25/2024	Ho	uston Bar Appellate S	Section							
6	Amount (\$)	7 Pay	ee address; City;	State	; Zip Code						
	\$30.00	111	1112 Bagby St.								
		FLE	3 201								
		Ho	uston, TX 77002								
8	PURPOSE				(h	Description					
0	OF		egory (See Categories lister htributions/Donations		iedule)	Description	outside o	of Texas. Com	plete Schedule T.		
	EXPENDITURE		ndidate/Officeholder/		hittee	Check if Austin					
						Luncheon Tio	cket				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		idate/Officeholder name	e (Office sough	t		Office he	eld		
	Date	Pay	ee name								
	05/07/2024	Ho	uston Bar Foundatior	I							
	Amount (\$)	Pay	ee address; City;	State	; Zip Code						
	\$520.00	-	1 Bagby St.		•						
	FLB 200										
			uston, TX 77002								
	PURPOSE		egory (See Categories lister		(b) Description					
	OF		ntributions/Donations		iedule)		outside o	of Texas. Com	plete Schedule T.		
	EXPENDITURE		ndidate/Officeholder/		nittee	Check if Austin	, TX, offi	iceholder living	expense		
						Harvest Fest	ival D	onation			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officeholder name	e (Office sough	t		Office he	eld		
	Date	Pav	ee name								
	05/06/2024		uston Lawyer's Assoc	ciation							
	Amount (\$)	Pav	ee address; City;	State	; Zip Code						
	\$83.00	-	Caroline		, I						
		Ho	uston, TX 77002								
	PURPOSE	(a) Cat	egory (See Categories lister	I at the top of this sch	edule) (b) Description					
	OF EXPENDITURE		ntributions/Donations						plete Schedule T.		
		Ca	ndidate/Officeholder/	Political Comm	hittee	Check if Austin		iceholder living	expense		
						Annual Dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		lidate/Officeholder name	e (Office sough	t		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 12/13 Rpt: 15/18	Rivas-Molloy, Veronica (The Honorable)	00083869						
4	Date 06/25/2024	Payee name Irma's Restaurant							
6	Amount (\$) \$212.08	Payee address; City; State; Zip Code 1475 Texas Ave Houston, TX 77002							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Intern Lunch									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/07/2024	Kingwood Area Democrats							
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 6177							
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	tside of Texas. Complete Schedule T. X, officeholder living expense ership and Donation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/01/2024	La Griglia							
	Amount (\$) \$109.86	Payee address; City; State; Zip Code 2817 W Dallas St							
		Houston, TX 77019							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	rhead ense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID (Ethics Commission Filers)		
	Sch: 13/13 Rpt: 16/18		Rivas-Molloy, Veronica (The Honorable)				00083869		
4	Date 05/23/2024		Payee name Labor Council for Latin American Advancement						
6	6 Amount (\$) \$104.00 \$106 Lavaca St. #200 Austin, TX 78701 7 Payee address; City; State; Zip Code 1106 Lavaca St.								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Luncheon Donation							officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sout	ght			Office held		
	Date		Payee name						
04/02/2024 National Association of Women Judges									
	Amount (\$)		Payee address; City; State; Zip Cod	de					
	\$255.00		P.O. Box 3363 Warrenton, VA 20188						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee				e of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sour	ght			Office held		
	Date		Payee name						
	03/27/2024		Xochi						
	Amount (\$) \$159.65	I	Payee address; City; State; Zip Coo 1777 Walker St	de					
			Houston, TX 77010						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense				e of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Office souc	ght			Office held		

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

SCHEDULE K

	The Instru	bages Schedule K: 1/2 Rpt: 17/18					
2	FILER NAME	D (Ethics Commission Fi	ilers)				
	Rivas-Molloy	00083					
4	Date	5	Name of person from whom amount is received		8 Amount (\$)	# 2.22	
	01/16/2024		Frost Bank				\$2.33
		6	Address of person from whom amount is received; City; State; Zip Code				
			Houston, TX 77002				
		cal cont	tribution returned to filer				
	Date		Name of person from whom amount is received			Amount (\$)	
	02/14/2024		Frost Bank				\$1.96
			Address of person from whom amount is received; City; State; Zip Code				
			Houston TX 77002				
			Houston, TX 77002	- 1141		inite stime and some state films	
			Purpose for which amount is received Check if p	onu	cal con	tribution returned to filer	
╞	Dete					A	
	Date 03/14/2024		Name of person from whom amount is received Frost Bank			Amount (\$)	\$1.95
	03/14/2024		Ψ1.00				
			Houston, TX 77002				
				oliti	cal cont	tribution returned to filer	
			Account Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	04/12/2024		Frost Bank				\$1.91
			Address of person from whom amount is received; City; State; Zip Code				
			Houston, TX 77002				
		┢		oliti	cal cont	I tribution returned to filer	
			Account Interest				
F	Date	F	Name of person from whom amount is received			Amount (\$)	
	05/14/2024		Frost Bank				\$1.85
			Address of person from whom amount is received; City; State; Zip Code				
			Houston, TX 77002				
				oliti	cal cont	tribution returned to filer	
┡			Account Interest				

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		bages Schedule K: 2/2 Rpt: 18/18
2	FILER NAME		3		D (Ethics Commission Filers)
	Rivas-Molloy	r, Veronica (The Honorable)		0008	3869
4	Date 06/14/2024	 5 Name of person from whom amount is received Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$) \$1.71
		Houston, TX 77002			
			oliti	cal con	ribution returned to filer