#### 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) 00086011 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Teresa J. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Waldrop CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P O Box 226 MAILING Receipt # Amount **ADDRESS** Houston, TX 77001 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Victoria H. NAME NICKNAME LAST **SUFFIX** Lightman **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1 Broad Street Unit 9D **ADDRESS** (Residence or Business) Stamford, CT 06901 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 868-0999 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 312 Harris

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Waldrop, Teresa J. (	The Honorable)	<b>14</b> Filer ID 00086011	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political contributions accepted or political contributions may have been difficeholders are required to report	made without the candidate's or office	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<u> </u>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASU	IRER NAME	
		COMMITTEE CAMPAIGN TREASU	IRER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	, , ,	\$ 0.00
	2. TOTAL POLIT (OTHER THAN	\$ 0.00		
EXPENDITURE	\$ 0.00			
TOTALS	0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 3,323.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	<b>\$</b> 839.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	IG LOANS AS OF THE LAST DAY	\$ 39,600.00
17 AFFIDAVIT				
			, under penalty of perjury, that the a and includes all information required lection Code.	
			The Honorable Teresa J. Wal	drop
			Signature of Candidate or Officeho	·
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and sea	al of office.	
Signature of offic	er administering oath	Printed name of officer adminis	stering oath Title of offic	er administering oath

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

		3 of 21		
l	ER NAN	ME Teresa J. (The Honorable)	<b>19</b> Filer ID 00086011	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		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.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 3,323.81
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	<b>\$</b> 75.00

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/17 Rpt: 4/21	Waldrop, Teresa J. (The Honorable) 00086011
4	Date	5 Payee name
	08/23/2024	3 Brothers Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.21	4606 Washington Avenue
		Houston , TX 77007
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  Birthday celebration for 312th Court Coordinator
		Billinday oblestation for other coordinator
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2024	3 Brothers Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.24	4606 Washington Avenue
		Houston , TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 312th Court Reporter birthday celebration
		312th Gould Nepoles Billiday eclebiation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/05/2024	American Inns of Court
	Amount (\$)	Payee address; City; State; Zip Code
	\$684.50	225 Reinekers Lane, Suite 770
	φ004.50	225 Refilekers Laile, Suite 110
		Alexandria, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Burta Rhoads Raborn Family Law Inns of Court 2024-2025 Membership Dues
	Complete ONLY if alice at	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/17 Rpt: 5/21	2 FILER NAME Waldrop, Teresa J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086011
_	·	, ,
4	Date	5 Payee name
	08/05/2024	Asian American Bar Association of Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	P.O. Box 1554
		Houston, TX 77251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	<u> </u>
	Date	Payee name
	09/03/2024	Association of Women Attorneys
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana Street
		Suite 400-301
		Houston , TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/29/2024	Bayou Blue Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	bayoubluedems.com
		Houston, TX 77098
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 6/21	Waldrop, Teresa J. (The Honorable) 00086011
4	Date	5 Payee name
	07/29/2024	Bellaire Braeswood Democrtas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	5116 Huisache Street
		Bellaire, TX 77401-4930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Membership dues
		Wellibership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/12/2024	Corner Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	1000 Main Street
	7=20.00	
		Houston , TX 77002
	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
		25th Year HarCo work anniversary luncheon for
		312th Court Coordinator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/29/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.30	3836 Richmond Ave
		Houston, TX 77027
	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 supplies/snacks
		oury supplies of table
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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 Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	olete th	is form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 7/21	Waldrop, Teresa J. (The Honorable)			00086011	
4	Date	5 Payee name		I		
	07/01/2024	Frank's Pizza				
6	Amount (\$)	7 Payee address; City; State; Zip Code	;			
	\$89.00	417 Travis				
		Houston , TX 77002				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Des	scription		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE		_	Check if Austin, TX,		
			Far	ewell lunched	on for Summ	ner Session 1 intern
_	0 1: 0.11.7.7.1.				O.(; 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	it		Office he	eld
	·					
	Date	Payee name				
	07/29/2024	H-E-B				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$26.48	1701 West Alabama				
		Houston, TX 77098				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Des	scription		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outsid		
				Check if Austin, TX, or Supplies/sna		expense
			our	у саррисского	20110	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	08/28/2024	H-E-B				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$32.98	1701 West Alabama	•			
	<b>402.30</b>	1701 Wost/Wasama				
		Houston , TX 77098				
	DUDDOOF					
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·		scription Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX,		
			Birt	hday celebrat	tion 312th C	lerk
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ıt		Office he	eld
	expenditure to benefit C/OI	<del>1</del>				

#### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 8/21	Waldrop, Teresa J. (The Honorable) 00086011
4	Date	5 Payee name
	09/24/2024	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.09	1701 West Alabama
		Houston , TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Jury supplies/snacks
		oury supplies/sridoks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		Γ
	Date	Payee name
	10/01/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.25	1701 West Alabama
		Houston , TX 77098
	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
		OTZIII Count Reporter birinday celebration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>S</b>
_		T
	Date	Payee name
	10/07/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1701 West Alabama
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EA ENDITE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Starbucks \$10 gift cards - older children adoptions
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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		nmittee Legal Service			Wages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
_		-		tion Guide explains	s now to co	mpie		_			_
1	Total pages Schedule F1:	2					;	3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/17 Rpt: 9/21		Waldrop, Teresa J. (	The Honorable)					00086011		
4	Date	5	Payee name								
	11/15/2024		H-E-B								
6	Amount (\$)	7	Payee address; City	r; State	e; Zip Co	ode					_
	\$26.75		1701 West Alabama		·						
			Houston TV 77000								
			Houston , TX 77098								_
8	PURPOSE OF	(a)	Category (See Categories I		chedule)	(b)	Description				
	EXPENDITURE		Contributions/Donation						de of Texas. Com officeholder living	plete Schedule T.	
			Candidate/Officehold	er/Political Comr	nittee		Jury supplies/			j expense	
							oury supplies/	311	uono		
_	Operation ONLY if allowed	L	)   -   -   -   -   -   -   -		04:				O#: I-	-1-1	_
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder na	ame	Office sou	ıgnı			Office he	eia	
	· 	_									
	Date		Payee name								
	07/09/2024		Harris County Democ	ratic Party							
	Amount (\$)		Payee address; City	r; State	e; Zip Co	ode					
	\$30.00		4619 Lyons Ave								
			Houston, TX 77020								
_	PURPOSE	(0)				(b)	Description				_
	OF	(a)	Category (See Categories I		chedule)	(D)	Description  Check if travel or	utsir	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Contributions/Donatic Candidate/Officeholde		mittee		ш		officeholder living		
				5.7.1 G.II GG.II			HCDP sustain	ninç	g membersh	nip	
	Complete ONLY if direct		Candidate/Officeholder na	ame	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/O	Н				J					
-	Data	Г									_
	Date		Payee name	ratio Darty							
	08/09/2024		Harris County Democ								_
	Amount (\$)		Payee address; City	r; State	e; Zip Co	ode					
	\$30.00		4619 Lyons Ave								
			Houston, TX 77020								
	PURPOSE	(a)	Category (See Categories I	isted at the ton of this so	hedule)	(b)	Description				_
	OF	``	Contributions/Donation		oud.o,			utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Candidate/Officehold		nittee		ш		officeholder living	•	
							HCDP sustain	ninç	g membersh	nip	
		L									
	Complete ONLY if direct		Candidate/Officeholder na	ame	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	H									
											٦

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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			egal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed at	oove)	
	Credit Card Payment	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)	
	Sch: 7/17 Rpt: 10/21		Waldrop, Ter	resa J. (The H	onorable)					00086011			
4	Date	5	Payee name						_				
	09/09/2024		Harris Count	y Democratic F	Party								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de						
	\$30.00		4619 Lyons A	Ave									
			Houston, TX	77020									
8	PURPOSE	(a)	Category (See	e Categories listed at t	he ton of this sched	dule)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.		
	EXPENDITORE		Candidate/O	fficeholder/Pol	itical Commit	ttee		_		officeholder livii			
								HCDP sustair	nın	g members	snip		
_													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Of	fice sou	gnt			Office h	neia		
_		_											
	Date	l	Payee name		_								
	10/09/2024		Harris Count	y Democratic F	Party								
	Amount (\$)	l	Payee address		State;	Zip Co	de						
	\$30.00		4619 Lyons <i>i</i>	Ave									
			Houston, TX	77020									
	PURPOSE OF	(a)	Category (See	e Categories listed at t	he top of this sched	dule)	(b)	Description					
	EXPENDITURE		Contributions/Donations Made By							outside of Texas. Complete Schedule T. , TX, officeholder living expense			
			Candidate/O	iliceriolaei/Pol	ilicai Commi	liee		HCDP sustain					
										5	•		
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	fice sou	ght			Office h	neld		
	expenditure to benefit C/OI	Н											
_	Date		Payee name										
	11/12/2024	ı	•	y Democratic F	Party								
	Amount (\$)	-	Payee address			Zip Co	de						
	\$30.00	l	4619 Lyons A	-	,								
			•										
			Houston, TX	77020									
	PURPOSE			e Categories listed at t		41->	(b)	Description					
	OF			s/Donations Ma		dule)	(2)		outsi	de of Texas. Co	mplete Schedule T.		
	EXPENDITURE			fficeholder/Pol		tee		Check if Austin,	, TX,	officeholder livi	ng expense		
								HCDP sustain	nin	g members	ship		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Of	fice sou	ght			Office h	neld		
	onponditure to beliefft G/Of												

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/17 Rpt: 11/21	Waldrop, Teresa J. (The Honorable) 00086011
4	Date	5 Payee name
L	12/10/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	4619 Lyons Ave
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		TODE Sustaining membership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/23/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.51	1938 West Gray Street
		Houston , TX 77019
	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
		Situate Solosiation for State Solidinator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
H	Date	Payee name
	08/05/2024	Latinas United PAC
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO BOX 7262
	φ40.00	1 O BOX 1202
		Houston , TX 77248
	DUDDOCT	To.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
	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
		Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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			Git/Awards/Memorials Legal Services		Salaries/W		se s/Contract Labor		OTHER (enter	istrict a category not listed above	e)	
	Credit Card Payment	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)	
	Sch: 9/17 Rpt: 12/21		Waldrop, Te	resa J. (The H	onorable)					00086011			
4	Date	5	Payee name					•	_				
	07/22/2024		League of V	Vomen Voters F	louston								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$95.00		P.O. Box 27	0269									
			Houston, T>	( 77277-0269									
8	PURPOSE	(a)	Category (sc	e Categories listed at t	no ton of this school	lulo)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma		iuie)	` '	_ `	outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE			Officeholder/Pol		tee		_		officeholder livin	g expense		
								Membership	due	es			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	fice sou	ght			Office h	eld		
		_											
	Date		Payee name										
	07/25/2024		Oak Forest	Area Democrat	5								
	Amount (\$)	ı	Payee addres	•	State;	Zip Co	de						
	\$40.00		4619 Lyons	Ave									
			Houston, TX	77020									
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description					
	OF EXPENDITURE		Contributions/Donations Made By							outside of Texas. Complete Schedule T. TX, officeholder living expense			
			Candidate/C	micenolaer/Pol	licai Commil	tee		Membership			y expense		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н					-						
_	Date		Payee name										
	12/20/2024		Osso & Kris	talla									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de						
	\$392.20	ı	1515 Texas		,								
			Houston , T	X 77002									
	PURPOSE	⊢		e Categories listed at t	no ton of this school	lulo)	(b)	Description					
	OF			age Expense	ie top of this scried	iuie)	( - ,		outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE			3 1				_		officeholder livin			
								2024 312th H	loli	day lunched	on		
	0 1. 0												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Off	fice sou	ght			Office h	eid		

#### 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		Gift/Awa e Legal Se	everage Expense ards/Memorials Expense ervices struction Guide explai		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)
L	Sch: 10/17 Rpt: 13/21	Wa	ldrop, Teresa	J. (The Honorable	)			L	00086011	
4	Date	5 Pay	ee name							
	07/22/2024	RO	AD Women							
6	Amount (\$)	<b>7</b> Pay	ee address;	City; Sta	ate; Zip C	ode				
	\$50.00	P.C	. Box 22678							
		Ηοι	uston , TX 772	27						
8	PURPOSE	(a) Cate	egory (See Cated	ories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE			nations Made By			_ ·	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITORE	Car	ndidate/Officeh	nolder/Political Con	nmittee		<b>—</b>		officeholder living	expense
							Membership (	aue	es	
_	Operation ONE VIII II		:		04.				0.55	1.1
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Officehold	er name	Office so	ught			Office he	Ia
	Date	Pay	ee name							
	11/18/2024	RO.	AD Women							
	Amount (\$)	Pay	ee address;	City; Sta	ate; Zip C	ode				
	\$25.00	P.C	. Box 22678							
		Hou	uston , TX 772	27						
	PURPOSE	(a) Cate	egory (See Cated	ories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE			nations Made By			ш		de of Texas. Comp	
	EXPENDITORE	Car	ndidate/Officeh	nolder/Political Con	nmittee		ш		officeholder living	expense
							2024 Holiday	Ра	rty - ticket	
_	Complete ONII V if allows:	0: '	idata/Office-le	or name	Off:	ner.			O#:	14
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officehold	er name	Office so	ugnt			Office hel	iu
_	•	i								
	Date	1 1	ee name							
	10/08/2024		ndalls							
	Amount (\$)	· ·	ee address;		ate; Zip C	ode				
	\$36.77	222	5 Louisiana S	treet						
L		Hou	uston , TX 770	02						
	PURPOSE	(a) Cate	egory (See Categ	ories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Foo	d/Beverage E	xpense			<b></b>		de of Texas. Comp	
							Jury supplies		officeholder living	expense
							July Jupplies	, 5111	2010	
	Complete ONLY if direct	Cand	idate/Officehold	er name	Office so	uaht			Office he	ld .
	expenditure to benefit C/O				200 00	9'''			2.1100 1101	· <del>-</del>

#### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 14/21		Waldrop, Teresa J. (The Honorable)		00086011
4	Date	5	Payee name		-
	10/09/2024		Randalls		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$15.92		2225 Louisiana Street		
			Houston, TX 77002		
8	PURPOSE	(a)		(b)	Description
	OF	```	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		. 000,2010.ago <u>2</u> ,poco		Check if Austin, TX, officeholder living expense
					Jury supplies/snacks
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ught	Office held
	experiorare to benefit C/O				
	Date		Payee name		
	11/18/2024		Randalls		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$30.28		2225 Louisiana Street		
			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.
	LAI LINDITORE				Check if Austin, TX, officeholder living expense
					Jury supplies/snacks
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıgnı	Office field
		_			
	Date		Payee name		
	07/08/2024		Rotary District 5890		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$46.36		3525 Preston Ave		
			Pasadena, TX 77505		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense
			Candidate/Officeholder/Political Committee		Ticket to Movie Night "Sound of Freedom"
					The state of the s
	Complete ONLY if direct	Щ,	Candidate/Officeholder name Office sou	l Jaht	Office held
	expenditure to benefit C/OI		Sillo 300	9.10	5555.6

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
-	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 12/17 Rpt: 15/21	2 FILER NAME Waldrop, Teresa J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086011
4	Date	5 Payee name
	11/20/2024	Run Sister Run PAC
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 66470  Houston , TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Annual 2025 luncheon & program
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Scott, Lashelle (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	3600 W Sam Houston Parkway South
	Ψ30.00	3000 W Sum Houston Funday South
		Houston, TX 77042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Get Out the Vote - Fired Up 559 - Precinct 559
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Scott, Lashelle (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	3600 W Sam Houston Parkway South
	Ψ00.00	South Frankling Country
		Houston, TX 77042
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fired Up 559 - Precinct 559 voter education
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
-	Total pages Schedule F1:	
1	Sch: 13/17 Rpt: 16/21	2 FILER NAME Waldrop, Teresa J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086011
4	Date	5 Payee name
	07/29/2024	Southwest Democrats
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code PO Box 2053
		Bellaire, TX 77402
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Troodining montary montary according
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
	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
		Recurring monthly membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/30/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
	DUDDOCE	I ma
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
		Recurring monthly membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 17/21	Waldrop, Teresa J. (The Honorable) 00086011
4	Date	5 Payee name
	10/28/2024	Southwest Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	<b></b>	Candidate/Officeholder/Political Committee
		Recurring monthly membership dues
Ļ	0 1. 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/29/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	<b></b>	Candidate/Officeholder/Political Committee
		Recurring monthly membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L	Dete	
	Date	Payee name
	12/28/2024	Southwest Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 2053
		Bellaire, TX 77402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Recurring monthly membership dues
		Recurring monthly membership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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: 15/17 Rpt: 18/21	2 FILER NAME Waldrop, Teresa J. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086011
4	Date	5 Payee name
	12/20/2024	Squarespace, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	225 Varick Street, 12th Floor
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		website domain renewal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	10/18/2024	State Bar of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1414 Colorado Street
		Austin, TX 78701
	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
		Candidate/Officeholder/Political Committee X Check if Austin, TX, officeholder living expense  Texas Bar College annual renewal
		rexus but conege unitual renewal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 08/30/2024	Payee name Texas Association of District Judges
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.06	PO Box 1748
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Wettibership dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 16/17 Rpt: 19/21	Waldrop, Teresa J. (The Honorable)  00086011
4	Date	5 Payee name
	08/19/2024	Texas Democratic Women-Harris Metro Chapter
6	Amount (\$) \$95.00	7 Payee address; City; State; Zip Code P.O. Box 2429
		Houston, TX 77005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Membership dues & Women Making History Awards luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	08/07/2024	Texas Family Law Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	14546 Brook Hollow Blvd.
	Ψ10.00	Suite 350
		San Antonio, TX 78232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
		eg adds
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	Texas Family Law Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	14546 Brook Hollow Blvd.
		Suite 350
		San Antonio, TX 78232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Candidate/Officeholder/Political Committee
		Membership dues (later refunded for debiting twice from acct)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services	•		ages	/Contract Labor		OTHER (enter	a category not listed above)
				The Instruction Gui	iue explains n	ow to cor	npie	ete triis iorm.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 17/17 Rpt: 20/21		Waldrop, Te	resa J. (The Ho	norable)					00086011	
4	Date	5	Payee name								
	08/26/2024		Walgreens								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de				
	\$68.91		2612 Smith :	Street							
			Houston, T	¢ 77006							
_	PURPOSE	⊢				1	(l-)				
8	OF	(a)		e Categories listed at the		dule)	(D)	Description	outcio	do of Toyas Co	mplete Schedule T.
	EXPENDITURE			s/Donations Ma Officeholder/Polit		tee		Check if Austin,			
			Carialaatere	meenolaem on	icai comini			Birthday celel			
								-			
9	Complete ONLY if direct		Candidate/Offic	eholder name	Of	fice soug	ght			Office h	neld
	expenditure to benefit C/OI	Η									
	Date		Payee name								
	09/23/2024			essionals in Go	vernment						
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de				
	\$31.50		P.O. Box 12	78							
			Houston , T	K 77251-1278							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	de By			<b>-</b>			mplete Schedule T.
	LXI LINDITORL		Candidate/C	fficeholder/Polit	ical Commit	tee		Check if Austin,			ng expense
								Monthly lunch	neo	n	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Of	fice sou	ght			Office h	neld

# 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: 1/1 Rpt: 21/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Waldrop, Teresa J. (The Honorable) 00086011 5 Name of person from whom amount is received 8 Amount (\$) 10/18/2024 \$75.00 Texas Family Law Foundation 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78232 Purpose for which amount is received Check if political contribution returned to filer Refund of renewal dues charged twice