FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00027106 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Donna NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Roth CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5300 Memorial Drive MAILING Receipt # Amount **ADDRESS** Suite 270 Change of Address Houston, TX 77007 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Andrea S. NAME NICKNAME LAST **SUFFIX** Roth **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 5300 Memorial Drive **ADDRESS** Suite 270 (Residence or Business) Houston, TX 77007 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 654-2143 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| 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** Day Month Year χ Primary Runoff Other 03/03/2026

GO TO PAGE 2

General

www.ethics.state.tx.us

Special

12 OFFICE SOUGHT (if known)

District Judge District 295

OFFICE HELD (if any)

District Judge District 295 Harris

11 OFFICE

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Roth, Donna (The Ho	pnorable)	14 Filer ID 00027106	(Ethics Comn	nission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	ures made by political of the candidate's or offic on only if they receive no	eholder's kno	wledge or						
Additional Pages	COMMITTEE TYPE	PE COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
16 CONTRIBUTION TOTALS		 IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00				
		ICAL CONTRIBUTIONS		\$	0.00				
EXPENDITURE TOTALS									
1017/20	\$	72,134.16							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	\$	18,279.38					
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT				•					
		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	ccompanying r to be reported	eport is I by me				
		The Ho	onorable Donna Roth	1					
		Signature o	f Candidate or Officeho	older					
AFFIX NO	ΓARY STAMP / SEAL AB	OVE							
		aid	, this the		_ day				
of	, 20, to c	ertify which, witness my hand and seal of office.							
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								

SUBTOTALS - JC/OH 18 FILER NAME

FORM JC/OH COVER SHEET PG 3

			3 of 29
18 FILER NAM Roth, Dor	(Ethics Commission Filers)		
20 SCHEDUL NAME OF	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 CONTRIBUTION	S	\$ 72,134.16
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	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)					
<u> </u>					uiue expiairis ii	low to co	IIIPIE	ete tilis iorili.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/26 Rpt: 4/29		Roth, Donna	a (The Honorab	ole)					00027106		
4	Date	5	Payee name									
	08/26/2024		ABOTA Fou	ndation								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
ľ	\$250.00	ľ	2001 Bryan		State,	Zip Co	uc					
	φ250.00		•	Sileet								
			Suite 3000									
			Dallas, TX 7	5201								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Event Exper			ĺ		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							ш		officeholder livin	g expense	
								Best In Texas	3			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/10/2024		Air New Zea	ıland								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7,640.21		185 Fansha	we Street								
			Δuckland Δ	cukland 1010 N	Jew Zealand	l						
_	DUDDOOF	(-)					<i>(</i> 1-)					
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(a)	Description	outoi	do of Toyon Con	anlata Cabadula T	
	EXPENDITURE		Travel Out o	of District				=		officeholder livin	nplete Schedule T.	
								ABOTA Interr				
								7.20.77			.9	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	seholder name		ffice sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janaidate/Onic	cholder hame	0	mee sou	giit			Office fi	Ciu	
		_										
	Date		Payee name									
	12/13/2024		Amazon									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$121.20		440 Terry Av	ve. N								
			Seattle, WA	98109								
	PURPOSE	(a)					(h)	Description				
	OF	(۳)	Event Exper	e Categories listed at	tne top of this sche	dule)	(2)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Event Exper	130						officeholder livin		
								Party supplies	S			
	Complete ONLY if direct		Candidate/Offic	ceholder name	0:	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						<i>-</i>					
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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

	Consuling 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: 2/26 Rpt: 5/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	11/24/2024	Asfouri, Mark
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	9800 Pagewood Lane
		# 2907
		Houston, TX 77042
8	PURPOSE	1
°	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Car for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
	Date	Payee name
	10/17/2024	Association of Women Attorneys
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana
		Suite 400
		Houston, TX 77006
	D. I.D. D. G. E.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Camplete Schedule T
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		AWA event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/18/2024	Bmiley Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$268.46	5730 Royalton St., Suite G
		Houston, TX 77081
	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
		Holiday decorations
_	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	•

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 Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above)

Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/26 Rpt: 6/29 Roth, Donna (The Honorable) 00027106 4 Date Payee name 10/08/2024 Brasserie 19 6 Amount (\$) Payee address; State; Zip Code \$53.30 1962 W. Gray Street Houston, TX 77019 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Intern bar passage celebration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/15/2024 Breen's Florist Amount (\$) Payee address; City; State; Zip Code \$340.93 1050 N. Post Oak Rd. #280 Houston, TX 77055 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers for team member family death Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/04/2024 Brennan's Amount (\$) Payee address: City; State; Zip Code \$168.76 3300 Smith Street Houston, TX 77006 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Lunch

Office held

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		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Prin Sala	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)
	Sch: 4/26 Rpt: 7/29	Roth, Doni	na (The Honorable)					00027106	
4	Date	5 Payee name							
L	11/18/2024	Bunnies ar	nd Bows						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	p Code				
	\$60.69	1400 Moco	cassin Trail						
		Lewisville,	TX 75077						
8	PURPOSE OF		See Categories listed at the to) (b)	Description			
	EXPENDITURE	Office Ove	rhead/Rental Expen	se				de of Texas. Com officeholder living	plete Schedule T.
						Holiday deco) - P
						-			
9	Complete ONLY if direct		ficeholder name	Office	e sought			Office h	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	07/02/2024	Carrousel [*]	Travel						
	Amount (\$)	Payee addre	ess; City;	State; Zip	p Code				
	\$9,000.00	6625 Lynd	ale Avenue South						
		Minneapol	is, MN 55423						
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District						plete Schedule T.
						ABOTA Interi		officeholder living	
						. 120 17 1111011		3.141 MOOIII	· ʊ
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	e sought			Office he	eld
	expenditure to benefit C/O	4			Č				
	Date	Payee name	9						
	07/03/2024	Carrousel '	Travel						
	Amount (\$)	Payee addre	ess; City;	State; Zip	p Code				
	\$5,000.00	6625 Lynd	ale Avenue South						
		Minneapol	is, MN 55423						
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out		·					plete Schedule T.
						Check if Austin		officeholder living	
						ADO IA IIILEII	iall	טומו ויוככנוו	9
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	sought			Office he	eld
	expenditure to benefit C/OI			200				200 11	

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	Committee Legal Services The Instruction Guide expla		es/Contract Labor OTHER (enter a category not listed above) plete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/26 Rpt: 8/29	Roth, Donna (The Honorable)		00027106	
4	Date	5 Payee name			
	12/10/2024	Churrascos			
6	Amount (\$)	7 Payee address; City; St	ate; Zip Code		_
	\$2,403.15	2055 Westheimer Road			
		Houston, TX 77098			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule) (b)	Description	
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Holiday party	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	t Office held	_
					=
	Date	Payee name			
	07/23/2024	Constant Contact			
	Amount (\$)	Payee address; City; St	ate; Zip Code		
	\$47.97	1601 Trapelo Road			
		Suite 329			
		Waltham, ME 02451			
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b)) Description	_
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				Email Distribution	
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	t Office held	_
	Complete ONLY if direct expenditure to benefit C/Ol		Office sought	t Office field	
_					=
	Date	Payee name			
	08/12/2024	Constant Contact			
	Amount (\$)		ate; Zip Code		
	\$47.97	1601 Trapelo Road			
		Suite 329			
		Waltham, ME 02451			
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b)) Description	
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense	
				Email distribution	
	Commission ON II V 15 allians	Condidate/Officeles!	Office	Office held	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	t Office held	
					_

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/26 Rpt: 9/29	Roth, Donna (The Honorable) 3 File ID (Entits Commission Files) 00027106
4 Date	5 Payee name
09/23/2024	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$47.97	1601 Trapelo Road
	Suite 329
	Waltham, ME 02451
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Email distribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
10/23/2024	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$47.97	1601 Trapelo Road
	Suite 329
	Waltham, ME 02451
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Email distribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
11/25/2024	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$47.97	1601 Trapelo Road
	Suite 329
	Waltham, ME 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Email distribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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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

	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: 7/26 Rpt: 10/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	12/23/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Road
		Suite 329
		Waltham, ME 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Email distribution
		Littali distribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	09/21/2024	Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$220.81	3836 Richmond
		Houston, TX 77027
	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 Kitchen/Juror supplies
		Taterier/varior supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	09/30/2024	Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.83	3836 Richmond
		Houston, TX 77027
	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
		Kitchen/juror supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	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: 8/26 Rpt: 11/29	Roth, Donna (The Honorable)	00027106
4	Date	5 Payee name	
L	12/16/2024	Costco Wholesale	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$125.63	3836 Richmond	
L		Houston, TX 77027	
8	PURPOSE OF		escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Pi	arty drinks
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Great	<u>'</u>	
	Date	Payee name	
L	10/04/2024	Dish Society	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.61	1050 Yale Street #100	
L		Houston, TX 77008	
	PURPOSE OF		escription
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			unch with colleague
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/17/2024	Four Seasons Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$78.03	1300 Lamar	
		Houston, TX 77010	
	PURPOSE OF	, , ,	escription 7 Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			ACTAS
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiorale to belieff C/OI	1	

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	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: 9/26 Rpt: 12/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	12/06/2024	Gomez, Michael (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$544.90	201 Caroline
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Cifts for outroing indeed and holiday disper
		Gifts for outgoing judges and holiday dinner
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
\vdash	Date	Power name
	07/01/2024	Payee name Gus's Fried Chicken
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.75	1815 Washington Avenue
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for team/interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/23/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1701 West Alabama
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	_/	Check if Austin, TX, officeholder living expense
		Birthday gift card for staff member.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	-)
1	Total pages Schedule F1:		Filers)
	Sch: 10/26 Rpt: 13/29	Roth, Donna (The Honorable) 00027106	ŕ
4	Date	5 Payee name	
	10/31/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$26,020.00	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 Juror breakfast	
		Julio bleaklast	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
"	expenditure to benefit C/O		
⊨	Data	1 -	
	Date	Payee name	
L	11/12/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.94	1701 West Alabama	
L		Houston, TX 77098	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Juror breakfast	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	11/15/2024	HEB	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.94	1701 West Alabama	
	,		
		Houston, TX 77098	
L	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Juror breakfast	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	חת	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		/ - Il Committee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor				Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guid	le explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/26 Rpt: 14/29	Roth, Doni	na (The Honorable))				00027106		
4	Date	5 Payee name	2				<u> </u>			
	12/09/2024	HEB								
_			0:5	Otata Zia	21 -					
6	Amount (\$)	7 Payee addre	•	State; Zip	Joae					
	\$781.05	1701 West	Alabama							
		Houston, T	X 77098							
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		s/Memorials Exper			Check if travel	outs	ide of Texas. Con	plete Schedule T.	
	LAI LINDITORE					\Box		, officeholder livin	g expense	
						Team membe	er (gifts		
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office s	ought			Office h	eld	
	experialture to belieff C/Or	1								
	Date	Payee name	e							
	12/16/2024	HEB								
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
	\$95.12	1701 West	•	, ,						
	700.22		. /							
		Llaveten T	V 77000							
		Houston, T	X 77098							
	PURPOSE OF	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Event Exp	ense					ide of Texas. Con , officeholder livin	plete Schedule T.	
						Party food	ι, ι Λ	., omcendider nvin	у ехрепое	
						. arry rood				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	aught.			Office h	old	
	expenditure to benefit C/O		ncenoider name	Office S	Jugni			Office II	eiu	
	Date	Payee name	е							
	12/20/2024	HEB								
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code					
	\$817.85	1701 West	: Alabama							
		Houston, T	X 77098							
	DUDDOCE				(1-)	5				
	PURPOSE OF		See Categories listed at the		(0)	Description Check if travel	outs	ide of Teyas, Con	nplete Schedule T.	
	EXPENDITURE	GilvAward	s/Memorials Exper	ise				, officeholder livin		
						Team gift				
						-				
\vdash	Complete ONLY if direct	LCandidate/∩f	ficeholder name	Office s	ouaht			Office h	eld	
	expenditure to benefit C/O			311100 3	9111			000 11	= : =	
-										
Γ_{α}	me provided by Tayas E	thice Commice	ion una	w othice state to					Version V// 1 0 5dd2ace	

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

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Al 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)
L	Sch: 12/26 Rpt: 15/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	10/22/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	4619 Lyons Avenue
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2024 Election
		2024 Election
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	12/19/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4619 Lyons Avenue
	φοσο.σσ	4010 Lyono Avenue
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship
		C portion in p
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/23/2024	High, Rhonda (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	770 Post Oak Blvd #450
	•	
		Houston, TX 77056
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Party planner/bartenders
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/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: 13/26 Rpt: 16/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	12/06/2024	Hotel Icon
6	Amount (\$) \$21.65	7 Payee address; City; State; Zip Code 220 Main Street
		Houston, TX 77002
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Houston Ballet
	Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 501 Texas Avenue
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Table sponsorship
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/09/2024	Houston Center
	Amount (\$) \$13.00	Payee address; City; State; Zip Code 909 Fannin
		Houston, TX 77010
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	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 -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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/26 Rpt: 17/29	Roth, Donna (The Honorable)	00027106
4	Date	5 Payee name	I
	07/10/2024	Houston GLBTQ Political Caucus	
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 4617 Montrose Blvd. Suite C222	
		Houston, TX 77006	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date	Payee name	
	11/25/2024	Houstonian	
	Amount (\$) \$28.00	Payee address; City; State; Zip Code 111 N Post Oak Lane	
		Houston, TX 77024	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Г	Date	Payee name	
	11/21/2024	Houstonian	
	Amount (\$) \$28.00	Payee address; City; State; Zip Code 111 N Post Oak Lane	
		Houston, TX 77024	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 15/26 Rpt: 18/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	10/29/2024	Jersey's Mike
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$373.65	1907 W. Gray St.
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Juror lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/14/2024	Kingdom Builders
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	401 Studewood
	7200.00	Suite 205
		Houston, TX 77007
	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 Check if Austin, TX, officeholder living expense
		Turkey give away
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experionality to benefit C/O	
	Date	Payee name
	10/24/2024	Kolache Factory
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.38	2045 Westheimer
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Juror breakfast
		Juloi bleaklast
	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
Credit Card Baymant

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

	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: 16/26 Rpt: 19/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	11/19/2024	Kolache Factory
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.80	2045 Westheimer
		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 Juror breakfast
		Suroi breaklast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/18/2024	Little Pappasitos
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$116.61	2536 Kirby Dr.
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner for campaign volunteers
		Sillion for Gampaign Volunteers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/23/2024	Lowe's
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$424.19	9640 Katy Freeway
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Holiday decorations
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 17/26 Rpt: 20/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	12/06/2024	Luby's Cafeteria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.10	201 Caroline
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch
		Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	10/08/2024	Lyric Market Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.08	440 Louisiana
		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
		Intern bar passage celebration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 07/02/2024	Payee name
		MABAH
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 303
		Houston, TX 77001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership fee
		Methibership ice
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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/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: 18/26 Rpt: 21/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	10/02/2024	MABAH
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 303
		Houston, TX 77001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gala table purchase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$239.45	3904 Bissonnet
		Houston, TX 77005
	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
		Holiday decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/16/2024	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.77	3443 Kirby Drive
		Houston, TX 77098
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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: 19/26 Rpt: 22/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	11/25/2024	Paperless Post
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$239.87	115 Broadway
		New York, NY 10006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Invitations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/25/2024	Pappasito's
H	Amount (\$)	Payee address; City; State; Zip Code
	\$163.55	1600 Lamar
		Houston, TX 77010
	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
		Team lunch
		Tourn turion
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/06/2024	Party City
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.31	3225 Southwest Freeway
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Holiday decorations
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	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: 20/26 Rpt: 23/29	Roth, Donna (The Honorable) 00027106
4	Date	5 Payee name
	12/14/2024	Party City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.81	3225 Southwest Freeway
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Party supplies
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Pearl Snap Craft Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$617.02	2507 15th Street
		Galena Park, TX 77547
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Holiday decorations
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/18/2024	Pinderella
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.55	4085 Ladera Heights Blvd.
		Frisco, TX 75304
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Holiday decorations
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/26 Rpt: 24/29	Roth, Donna (The Honorable)	00027106
4	Date	5 Payee name	
Ļ	12/06/2024	Puttshack	
6	Amount (\$) \$500.97	7 Payee address; City; State; Zip Code	
	φ500.97	1200 McKinney St.	
		Houston, TX 77010	
8	PURPOSE	•	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Team holiday party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Since nois
F	Date	Payee name	
	11/18/2024	Roundtop Collections	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$253.77	4650 S. Pinemont Drive #128	
		Houston, TX 77041	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Holiday decorations
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L	experialitate to belieff 6/01	'	
	Date	Payee name	
L	08/23/2024	South Texas College of Law	
	Amount (\$) \$1,666.67	Payee address; City; State; Zip Code 1303 San Jacinto St.	
	\$1,000.07	1303 San Jacinto St.	
		Houston, TX 77002	
┝	PURPOSE		Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Alumni Gala
\vdash	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to com	olete this	form.	,
1	Total pages Schedule F1: Sch: 22/26 Rpt: 25/29	2 FILER NAME Roth, Donna (The Honorable)		3 Filer ID (Ethics Comm 00027106	ission Filers)
4	Date 10/24/2024	5 Payee name TACTAS		,	
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 609 Main St. Suite 4000 Houston, TX 77002	•		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Ch	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense bership	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ıt	Office held	
	Date 11/07/2024	Payee name TEZ Sterling Propark			
	Amount (\$) \$11.00	Payee address; City; State; Zip Code 3515 W Dallas St. Houston, TX 77019	2		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held	
	Date 10/30/2024	Payee name Taco Cabana			
	Amount (\$) \$43.28	Payee address; City; State; Zip Code 3905 Kirby Dr.	9		
		Houston, TX 77098			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Ch	iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense breakfast	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it	Office held	

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
_	Sch: 23/26 Rpt: 26/29	Roth, Donna (The Honorable)	00027106
4	Date	5 Payee name	•
	11/08/2024	Taco Cabana	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.28	3905 Kirby Dr.	
		Houston, TX 77098	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	avel outside of Texas. Complete Schedule T.
	EX. ENDITORE	☐ Check if A Juror brea	ustin, TX, officeholder living expense
		Suloi blea	เหเสรเ
_	Complete ONLY if direct	Condidate/Officeholder name Office county	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/14/2024	Taco Cabana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.28	3905 Kirby Dr.	
		Houston, TX 77098	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	avel outside of Texas. Complete Schedule T.
	EXPENDITURE		ustin, TX, officeholder living expense
		Juror brea	ukfast
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/23/2024	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$165.53	4323 San Felipe Street	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overneau/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			nd jury supplies
		Tationen an	- 7- 7
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		22

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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 24/26 Rpt: 27/29	Roth, Donna (The Honorable) 00027106						
4	Date	5 Payee name						
	11/12/2024	Target						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$35.97	4323 San Felipe Street						
		Houston, TX 77027						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Kitchen/Juror supplies						
		Tutonon capping						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
	Date	Payee name						
	09/13/2024	The Grove						
Г	Amount (\$)	Payee address; City; State; Zip Code						
\$167.48 1611 Lamar Street								
		Houston, TX 77010						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		ABOTA Best In Texas kick-off event						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	y						
	Date	Payee name						
10/19/2024 The Palm								
	Amount (\$) Payee address; City; State; Zip Code							
\$618.22 1201 Fannin St. #129								
		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 Team lunch for court reporter's departure						
		ream unon los court reporter a departure						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
\vdash								

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	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: 25/26 Rpt: 28/29	Roth, Donna (The Honorable) 00027106							
4	Date	5 Payee name							
	10/15/2024	Treebeards							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$46.01	1117 Texas Avenue							
		Houston, TX 77002							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Colleague lunch							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	11/13/2024	Treebeards							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$54.13	1117 Texas Avenue							
		Houston, TX 77002							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense							
EXI ENDITORE		Check if Austin, TX, officeholder living expense							
		Lunch with colleague							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	y							
	Date	Payee name							
	10/09/2024	Virgin Australia Airlines							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$257.79	P.O. Box 1034							
	¥-2								
		Spring Hill Queensland 4004 Australia							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		ABOTA International meeting							
	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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
Ļ					Пріс	te tills form.	-		/=:: a : : :	-:: \
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 26/26 Rpt: 29/29	Roth, Donna	a (The Honorable)					00027106		
4	Date	5 Payee name								
	12/04/2024	Westin Hous	ston Downtown							
 -	Amount (\$)	7 Payee addres	ss; City; St	ate; Zip Co	nde					
	\$71.54	1520 Texas								
l	Ψ11.04	1020 10103								
l										
		Houston, T	77056							
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		age Expense			Check if travel	el outside of Texas. Complete Schedule T.			
	EXI ENDITORE					—	stin, TX, officeholder living expense			
						Lunch with ne	ew	judge		
9	Complete ONLY if direct	Candidate/Office	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OH									
F	Date	Payee name								
	10/03/2024	-	lovember PAC							
L				ata. Zia Ca	. al a					
	Amount (\$)	Payee addres	•	ate; Zip Co	ue					
	\$500.00	15918 Cave	naish Drive							
		Houston, T>	77059							
	PURPOSE	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b)	Description				
	OF		s/Donations Made By	,		_	outs	ide of Texas. Com	olete Schedule T.	
EXPENDITURE		Candidate/Officeholder/Political Committee Check if Austin				, TX, officeholder living expense				
		Women in N					November PAC			
Г	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	4								
F	Date	Payee name								
	11/15/2024	Zanti Cucina	1							
L				-1 7:- 0-	-1-					
	Amount (\$)	Payee addres		ate; Zip Co	ode					
	\$167.47	1958 W. Gra	ay St.							
		Houston, T>	77019							
	PURPOSE	(a) Category (Se	e Categories listed at the top of this	s schedule)	(b)	Description				
	OF		age Expense	o conodalo)	` `		outs	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE		3 1			Check if Austin	, TX	, officeholder living	expense	
						Campaign me	eet	ing		
Г	Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	4								
\vdash										
ı										