#### 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) 00083869 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Veronica NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Rivas-Molloy CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 4003 MAILING Amount Receipt # **ADDRESS** Change of Address Humble, TX 77347-4003 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amy Bice NAME NICKNAME LAST **SUFFIX** Larson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 8143 Caroline Ridge Drive **ADDRESS** (Residence or Business) Humble, TX 77396 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (314) 639-1907 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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** Day Month Year Primary Runoff Other General Special

www.ethics.state.tx.us

GO TO PAGE 2

Forms provided by Texas Ethics Commission

OFFICE HELD (if any)

Court Of Appeals, Justice Place 3 District 1

11 OFFICE

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 3 District 1

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Rivas-Molloy, Veroni	(Ethics Com	mission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's POLITICAL consent. Candidates and officeholders are required to report this information only if they rec								
Additional Pages									
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE ADDRESS							
	Si Edililo								
		COMMITTEE CAMPAIGN T	REASURER NAME						
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS					
 16 CONTRIBUTION TOTALS		 							
TOTALS		ES OF LOANS, OR CONTRI	BOTIONS MADE ELEC	CTRONICALLY)	\$	0.00			
	2. TOTAL POLIT (OTHER THAN	\$	0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$	0.00						
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	5,014.95			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT	TAINED AS OF THE LA	AST DAY OF THE	\$	19,536.35			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTS' TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	5,000.00			
<b>17</b> AFFIDAVIT		true and	or affirm, under penalty correct and includes al le 15, Election Code.						
			The Honorab	le Veronica Rivas	s-Molloy				
			Signature of	Candidate or Office	holder				
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE							
		aid		, this the		day			
0f	, 20, to c	ertify which, witness my hand	and seal of office.						
Signature of office	er administering oath	Printed name of officer	administering oath	Title of offi	icer administer	ng oath			

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

			C	3 of 18
l	LER NAN vas-Mol	<b>19</b> Filer ID 00083869	(Ethics Commission Filers)	
I	ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		\$		
5.	X	<b>\$</b> 5,014.95		
6.		\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	<b>\$</b> 7.89

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Sched	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt:	Rivas-Molloy, Veronica (The Honorable) 00083869
4 Date	5 Payee name
07/01/2024	Amazon
6 Amount (\$) \$2	7 Payee address; City; State; Zip Code  410 Terry Ave N  Seattle, WA 98109
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies for Court Office
Complete ONLY if expenditure to beneath	
Date	Payee name
09/17/2024	Barnaby's Cafe Downtown
Amount (\$) \$1	Payee address; City; State; Zip Code  .51 801 Congress St
	Houston, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Intern Lunch
Complete ONLY if expenditure to ben	· ·
Date 07/16/2024	Payee name Barnaby's Cafe Downtown
Amount (\$) \$1	Payee address; City; State; Zip Code 801 Congress St
	Houston, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch
Complete ONLY if expenditure to bene	

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 5/18	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	12/09/2024	Block
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	915 Milam St.
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Paid Parking for Christmas Luncheon
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2024	Cafe Paris
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.28	1100 Texas Ave A
		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
		Working Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	Harris County Democratic Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	3401 Allen Parkway
		Suite 100
		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
		Luncheon Ticket
	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 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)
	Sch: 3/12 Rpt: 6/18	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	12/04/2024	Harris County Democratic Lawyers Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	3401 Allen Parkway
		Suite 100
		Houston, TX 77019
8	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
		Annual Membership Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	Houston Association of Women Attorneys (AWA)
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana St.
	,	Suite 400-301
		Houston, TX 77006
	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
		Annual Membership Fees
		/ will dat the fills of the file
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i
	Date	Payee name
	09/16/2024	Houston Bar Appellate Section
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1112 Bagby St.
	,	FLB 201
		Houston, TX 77002
	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 Check if Austin, TX, officeholder living expense Annual Dues
		7 till 2 d 3 d
-	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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 4/12 Rpt: 7/18	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	11/01/2024	Houston Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$520.00	1111 Bagby St.
		FLB 200
		Houston, TX 77002
8	PURPOSE	To a second seco
ľ	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
		Harvest Celebration Sponsor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	10/01/2024	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1111 Bagby St.
		FLB 200
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Luncheon Ticket
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/61	
	Date	Payee name
	10/01/2024	Houston Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1111 Bagby St.
		FLB 200
		Houston, TX 77002
	PURPOSE	1
	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
		Litigation Luncheon Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

#### 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 Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 5/12 Rpt: 8/18		Rivas-Mollo	y, Veronica (The	e Honorable	e)				00083869	
4	Date	5	Payee name								
	08/12/2024		Houston Ba	r Association							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode				
	\$46.80		1111 Bagby	St.							
			FLB 200								
			Houston, TX	< 77002							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma		ouu.o,		_ `	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE		Candidate/C	Officeholder/Poli	tical Comm	ittee		$\Box$		, officeholder living	g expense
								HBA DEI Lur	nch	eon Ticket	
_		L					<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name		Office so	ught			Office he	eld
	Date		Payee name								
	07/15/2024		Houston Ba	r Association							
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$10.00		1111 Bagby	St.							
			FLB 200								
			Houston, T	< 77002							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	ide By			<b>□</b>		ide of Texas. Com	
	EXI ENDITORE		Candidate/C	Officeholder/Poli	tical Comm	ittee		Luncheon Tic		, officeholder living	g expense
								Luncheon no	SKE	ι	
	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office so	uaht			Office he	JI4
	expenditure to benefit C/OI		zandidate/Om	ceriolaer riame		7111CC 30	ugiit			Office fic	Jiu
	Date		Payee name								
	07/08/2024		Houston Ba	r Association							
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$10.00		1111 Bagby	St.							
			FLB 200								
			Houston, T>	< 77002							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				ш		ide of Texas. Com	•
	-		Candidate/C	Officeholder/Poli	tical Comm	ittee		Luncheon Tic		, officeholder living	g expense
								Editoricon 110	JING	•	
$\vdash$	Complete ONLY if direct		Candidate/Offic	ceholder name		Office so	ught			Office he	eld .
	expenditure to benefit C/O						r			200 110	

#### 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			Legal Services	Expense	Salaries/W		se s/Contract Labor		OTHER (enter a	strict category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)
	Sch: 6/12 Rpt: 9/18		Rivas-Molloy	y, Veronica (Th	e Honorable	<del>!</del> )				00083869		
4	Date	5	Payee name					•				
	08/26/2024			BT Political Ca	ucus							
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$200.00		PO Box 666	64								
			Houston, TX	77266								
8	PURPOSE	(a)	Category (so	e Categories listed at t	ho ton of this scho	odulo)	(b)	Description				
	OF	`´		s/Donations Ma		tuuie)	` ,	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			officeholder/Pol		ittee		_		officeholder living	g expense	
								Event Sponso	orsl	hip		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	07/03/2024		Houston Tria	al Lawyers Ass	ociation							
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$40.00		777 Post Oa	ık Blvd								
			#450									
			Houston, TX	77056								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			<b>=</b>		de of Texas. Con officeholder living	plete Schedule T.	
			Candidate/C	Officeholder/Pol	ilicai Commi	illee		Event Lunche			g expense	
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	11/25/2024		Irma's Resta	urant								
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de					
	\$67.79		1475 Texas	-	,							
			Houston, TX	77002								
	PURPOSE	(a)					(h)	Description				
	OF	(")		e Categories listed at t age Expense	ne top of this sche	eaule)	(10)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		. 000,2010.0	жgо <u>—</u> хронос				_		officeholder living	g expense	
								Judicial Pane	el Lu	unch		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	onponditure to beliefft G/OI											

### 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	I Committee				xpense Vages/	e 'Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:							l	Filer ID	(Ethics Commission Filers)	
L	Sch: 7/12 Rpt: 10/18	Rivas	s-Molloy, Veronica (	The Honorable	e)				00083869		
4	Date	<b>5</b> Paye	e name								
	11/07/2024	Irma'	s Restaurant								
6	Amount (\$)	<b>7</b> Paye	e address; City;	State;	Zip Co	ode					
	\$140.46	1475	Texas Ave								
		Hous	ton, TX 77002								
8	PURPOSE	(a) Cated	Ory (See Categories listed	at the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		/Beverage Expense		,uuic)	` `	_ ·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE						<b>—</b>	, TX,	officeholder living	g expense	
							Staff Lunch				
_	0 1. 0		. 10111		· · ·	<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		ate/Officeholder name	e O	ffice sou	ight			Office he	eld	
	Date	Paye	e name								=
	12/19/2024	La G									
$\vdash$	Amount (\$)		e address; City;	State:	Zip Co	ode					_
	\$947.92		7 W Dallas St								
	, ,										
		Hous	ton, TX 77019								
	PURPOSE	(a) Cate	Ory (See Categories lister	d at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		/Beverage Expense				<b></b>			plete Schedule T.	
							1st Court of A		officeholder living		
							±31 Court Of F	'hh	cais Juulilla	ry Diffici	
$\vdash$	Complete ONLY if direct	Candid	ate/Officeholder name		ffice sou	l Iaht			Office he	7ld	_
	expenditure to benefit C/O		ato/Onicendidei naini	, 0	1110C 30U	igrit			Onice He	Ju	
$\vdash$	Data										=
	Date	1	e name								
	12/18/2024		alapa at Downtown								
	Amount (\$)	,	e address; City;	State;	Zip Co	ode					
	\$11.04	1110	Preston St.								
L		Hous	ton, TX 77002								
	PURPOSE	(a) Cate	Ory (See Categories lister	d at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Food	/Beverage Expense	e			ш			plete Schedule T.	
							Check if Austin, Working Lunc		officeholder living	g expense	
							VVOIRING LUNC	J 1			
	Complete ONLY if direct	Candid	ate/Officeholder name		iffico con	laht			Office he	ald	_
	expenditure to benefit C/O		ate/Onicendidei näini	<del>.</del> 0	ffice sou	igill			Office He	aiu .	
											_

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 11/18	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	10/04/2024	Mendocino Farms
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.10	609 Main at Texas
		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Working Lunch
		Working Landii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	09/24/2024	Mexican-American Bar Association of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	P.O. Box 303
		Houston, TX 77001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Gala Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	10/16/2024	New Stand
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.55	1 Terminal Drive
		Kenner, LA 70062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Meal and Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) 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: 9/12 Rpt: 12/18 Rivas-Molloy, Veronica (The Honorable) 00083869 4 Date Payee name 09/24/2024 Ramirez, Erikia (Judge) 6 Amount (\$) Payee address; State; Zip Code \$200.00 1201 Franklin St Houston, TX 77002 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Harris County Courts' Hispanic Heritage Month Celebration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2024 Shaya Resturant Amount (\$) Payee address; City; State; Zip Code \$85.50 4213 Magazine St New Orleans, LA 70115 **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 Travel Intern Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/21/2024 State Bar of Texas Amount (\$) Payee address: City: State; Zip Code \$407.36 1414 Colorado Street Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Bar Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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			Legal Serv				Wages	ete this form.		Travel Out of DOTHER (enter	istrict a category not listed above)	
_	Total marine Calendale F1.	1	EII ED NIAME		- Tuction Cui	uc explains	11011 10 0	ompic		1_	Files ID	(Ethics Commission Fi	loro\
1	Total pages Schedule F1:	ı			: (Tb		- >			3	Filer ID	•	ieis)
	Sch: 10/12 Rpt: 13/18		Rivas-Mollo	y, vero	nica ( i ne	Honorabi	e)				00083869		
4	Date	5	Payee name										
	08/26/2024		Texas Acce	ss to Ju	ıstice Fou	ındation							
6	Amount (\$)	7	Payee addres	ss; (	City;	State	; Zip C	ode					
	\$100.00		1601 Rio Gr	rande S	St								
			#351										
		l	Austin, TX 7	79701									
Ļ		├						1					
8	PURPOSE OF		Category (Se				iedule)	(b)	Description				
	EXPENDITURE		Contribution Candidate/C				ittoo		므		officeholder livir	mplete Schedule T.	
			Candidate/C	Jilicenc	nuer/Pont	icai Comin	iillee		Event Spono		Officeriolder livil	ід ехрепас	
									_voin opono	•			
_	Commission ONII V if alice at	<u> </u>	Sanali data /Offi				<b>Y</b>				Office	a a l al	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoidei	name	(	Office so	ugnı			Office h	ieia	
	Date		Payee name										
	12/09/2024		Texas Bar F	oundat	ion								
	Amount (\$)		Payee addres	ss; (	City;	State	; Zip C	ode					
	\$250.00		515 Congre	ss Ave									
			Austin, TX 7	78701									
	DUDDOGE	_						10-1					
	PURPOSE OF		Category (Se				iedule)	(a)	Description	outci	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE		Contribution Candidate/C				nittoo		<b>=</b>		officeholder livir		
			Carididate/C	JIIICCIIC	naci/i oiiti	cai Comin	iittee		Annual Dona				
_	Complete ONLY if direct		andidate/Offic	ceholdei	name		Office so	liaht			Office h	neld	
	expenditure to benefit C/OI		, and all all all all all all all all all al	ccrioiaci	патте	`	JIIICC 301	ugiit			Office i	iciu	
		_											
	Date		Payee name										
	07/23/2024		Texas Demo	ocratic	Women o	f Harris C	ounty						
	Amount (\$)		Payee addres	ss; (	City;	State	; Zip C	ode					
	\$95.00		4619 Lyons	Ave									
			Houston, TX	< 77020	)								
	PURPOSE							(h)	Description				
	OF		Category (Se				iedule)	(6)		outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Contribution Candidate/C				nittee				officeholder livir		
									Annual Dona	atior	1		
H	Complete ONLY if direct		Candidate/Offic	ceholde	name	(	Office so	ught			Office h	neld	
	expenditure to benefit C/OI				-	·		J					
H													
l													

### 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/Officenoider/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: 11/12 Rpt: 14/18	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	07/11/2024	Treebeards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.52	1117 Texas St
		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
		Working Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/11/2024	Treebeards
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.41	1117 Texas St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Working Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/16/2024	True Food Kitchen - New Orleans
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.28	801 St Charles Ave
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		New Orleans, LA 70130
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel Meal for Speaking Engagement
	0 1. 0	
	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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memoria Legal Services The Instruction (			/ages/	Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed a	bove)
1 Total pages Schedule F1: 2 FILER NAME								3	Filer ID	(Ethics Commis	sion Filers)	
-				ME Illoy, Veronica (The Honorable)					3	00083869	(Ethics Commis	sion i liers)
4	Data	_	D	•								
4	Date		Payee name									
	10/16/2024		United Airlin	es								
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$40.00		233 South V	Vacker Drive								
	*		233 South Wacker Drive									
			Chicago, IL	60606								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the ton of this set	(alubar	(b)	Description				
) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				egory (See Categories listed at the top of this schedule) vel Out of District					outside of Texas. Complete Schedule T.  n, TX, officeholder living expense			
			Travel Out of District					느				
								Flight Fees				
								J				
Ļ	Commisto ONUNCE II	<u> </u>	Samalistate (O.C.)			O#ic -	au le 4			or		
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	eholder name	(	Office sou	ynt			Office h	ieia	
L												
	Date		Payee name									
	11/07/2024	ı	Walmart									
		┞		Cit.::	Ctata	. 7in Ca	al a					
	Amount (\$)	ı	Payee addres			; Zip Co	ue					
	\$16.21		9235 N Sam	Houston Pkv	/y E							
			Humble, TX	77396								
	PURPOSE	├				I	(h)	D inti				
OF		(a) Category (See Categories listed at the top of this schedule) (b) Descrip						_ ·	outoi	do of Toyon Cor	malata Cabadula T	
EXPENDITURE			Office Overhead/Rental Expense				ш	outside of Texas. Complete Schedule T.  , TX, officeholder living expense				
						Office Supplies for Court Offices						
								Office Supplie	-S I	or Court O	ilices	
	Complete ONLY if direct		Candidate/Office	eholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										

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

### SCHEDULE K

	The Instru	ages Schedule K: ./2 Rpt: 16/18				
2	FILER NAME		Filer ID	(Ethics Commission F	-ilers)	
	Rivas-Molloy, Veronica (The Honorable)				869	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)		
	12/13/2024					\$0.80
		6 Address of person from whom amount is received; City; State; Zip Code				40.00
		Address of person from whom amount is received, City, State, 21p Code				
		Houston, TX 77002				
			الدادة الدادة		ibution not model to file.	
			cai conti	ribution returned to filer		
		Bank Account Monthly Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
11/15/2024		Frost Bank			\$1.04	
		Address of person from whom amount is received; City; State; Zip Code	•••••	1		
		Houston, TX 77002				
		Purpose for which amount is received	cal conti	ribution returned to filer		
		Bank Account Monthly Interest				
	Date	Name of person from whom amount is received		Amount (\$)		
	10/15/2024	Frost Bank			γ πιοαπε (φ)	\$1.10
						<b>4</b> 0
		Address of person from whom amount is received; City; State; Zip Code				
		Houston, TX 77002				
			Iribution returned to filer			
		Bank Account Monthly Interest	Juli 00111.			
	Dete				Δ == 0.1.124 (Φ)	
	Date	Name of person from whom amount is received	Amount (\$)	<b>\$</b> 1 71		
	09/16/2024	Frost Bank				\$1.71
		Address of person from whom amount is received; City; State; Zip Code				
		Haveter TV 77000				
		Houston, TX 77002				
	<u> </u>				ribution returned to filer	
		Bank Account Monthly Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/14/2024	Frost Bank		\$1.57		
		Address of person from whom amount is received; City; State; Zip Code		1		
		Houston, TX 77002				
		Purpose for which amount is received Check	ribution returned to filer			
		Bank Account Monthly Interest				
		<u> </u>				

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 17/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rivas-Molloy, Veronica (The Honorable) 00083869 5 Name of person from whom amount is received 8 Amount (\$) 07/15/2024 Frost Bank \$1.67 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77002 Purpose for which amount is received Check if political contribution returned to filer Bank Account Monthly Interest

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rivas-Molloy, Veronica (The Honorable) 00083869 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Rivas-Molloy, Veronica (The Honorable) Departure city or name of departure location 10/16/2024 Houston 9 Destination city or name of destination location 10/16/2024 **New Orleans** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Speaking Engagement at Tulane Law School