FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084138 14 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Jeralynn C. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Manor CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 542 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77001 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Ms. Natalia NAME NICKNAME LAST **SUFFIX** Cruz **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 11503 Main Pine Dr **ADDRESS** (Residence or Business) Houston, TX 77025 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 346-6644 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 10/27/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 80 Harris

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Manor, Jeralynn C. (The Honorable)	14 Filer ID 00084138	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politica These expenditures may have been mad d officeholders are required to report this	de without the candidate's or office	eholder's knowledge or		
Additional Pages	itional Pages COMMITTEE TYPE COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS				
COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS			
16 CONTRIBUTION TOTALS		 ZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 10.00		
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 43,895.46		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY OF THE	\$ 89,385.32		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT			ider penalty of perjury, that the ac includes all information required t ion Code.			
		Т	he Honorable Jeralynn C. Ma	nor		
		S	ignature of Candidate or Officeho	lder		
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
		aid		day		
		ertify which, witness my hand and seal of				
Signature of offic	er administering oath	Printed name of officer administeri	ng oath Title of office	r administering oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 14
18 FILER NAI		19 Filer ID	(Ethic	s Commission Filers)
Manor, Je				
	LE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF	SCHEDULE		—	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	10.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6.	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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	11.77
			•	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/14		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Manor, Jeral	lynn C. (The Honorable)			00084138
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)
	10/27/2024	Dacey, Derin (Ms.)			\$10.00
		6 Contributor address; City; State; Zip Code			
		Houston, TX 77007	T		
8		Principal Occupation	9 Contributor's Job Title		
	Academic A		Assistant Director		
10		employer/law firm	11 Law firm of contributor's sp	oous	e (if any)
	University of	f Houston s a child, law firm of parent(s) (if any)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 1/9 Rpt: 5/14	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	10/28/2024	Aceves Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	PO Box 6514
		Houston, TX 77265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Managed Field GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	11/04/2024	Action Limo
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6104 Windswept Ln
		Houston, TX 77057
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Election Day Poll Travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	10/30/2024	Payee name Aubrey Taylor Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	957 Nasa Parkway
	40,000.00	#251
		Houston, TX 77058
	PURPOSE	To a
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV Materials
	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/Politica Credit Card Payment	Fees Food Gift// I Committee Lega	d/Beverage Expense Awards/Memorials Expense al Services	Office Overhea Polling Expens Printing Exper Salaries/Wage	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
			Instruction Guide explains	now to comp	iete tnis form.	_		
1	Total pages Schedule F1: Sch: 2/9 Rpt: 6/14		n C. (The Honorable)			3	Filer ID 00084138	(Ethics Commission Filers)
4	Date	5 Payee name						
	12/11/2024		Communications					
6	Amount (\$) \$12,500.00	7 Payee address; 957 Nasa Park #251 Houston, TX 77	way	e; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category _{(See Ca} Advertising Exp	ategories listed at the top of this sch	nedule) (b)		ı, TX,	ide of Texas. Comp , officeholder living arketing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeho	older name (Office sought			Office he	eld
	Date	Payee name						
	11/06/2024	Barnaby's Cafe	-					
	Amount (\$)	Payee address;	•	e; Zip Code				
	\$221.04	1701 S Shephe Houston, TX 77						
	PURPOSE	(a) Category (See Ca	ategories listed at the top of this sch	hedule) (b)) Description			
	OF EXPENDITURE	Food/Beverage		icadicy	Check if travel	ı, TX,	ide of Texas. Comp , officeholder living /orkers	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeho	older name (Office sought			Office he	eld
	Date 10/31/2024	Payee name Choir Robes Cı	rootions					
	Amount (\$) \$145.00	Payee address; 3804 Poplar St.	•	e; Zip Code				
		Houston, TX 77	7087					
	PURPOSE OF EXPENDITURE	· ·	ategories listed at the top of this sch d/Rental Expense	nedule) (b)	닏		ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeho	older name C	Office sought			Office he	eld

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	 3)
Sch: 3/9 Rpt: 7/14	Manor, Jeralynn C. (The Honorable) 00084138	
4 Date	5 Payee name	
12/29/2024	Donor Box	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.77	53rd St.	
	Suite 900	
	San Francisco, CA 94103	
8 PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Credit Card Donation Fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	IH	
Date	Payee name	_
12/23/2024	Gonzales Moving Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	11155 Steeplepark Dr	
	Apt 913	
	Houston, TX 77065	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Movers for Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experiulture to belieff C/O	vn	
Date	Payee name	
11/01/2024	Hall, Terrance	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,000.00	6011 West Orem Dr	
	Houston, TX 77085	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Poll Work	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	/n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 4/9 Rpt: 8/14	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	10/30/2024	Harris County Democratic Party
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave
_	2112202	Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Horn, Wanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$735.00	2211 34th Ave N
		Apt 1212
		Texas City, TX 77590
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Poll Work
		FOII WOLK
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/27/2024	Jimenez, Danielle
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 Caroline
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Bonus
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 5/9 Rpt: 9/14	Manor, Jeralynn C. (The Honorable)		00084138
4	Date	5 Payee name		<u> </u>
	12/31/2024	Kroger		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$31.05	10306 S Post Oak Rd		
		Houston , TX 77035		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff Refreshments
				Stall Reliestiffents
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
H	Date	Payee name		
	12/19/2024	Meyer Park Storage		
┝	Amount (\$)	Payee address; City; State; Zip Co	nda	
l	\$4,448.23	9505 Meyer Forest Dr	ue	
	Ψ+,4+0.25	3303 Meyer Forest Di		
		Houston TV 77006		
L	DUDD005	Houston, TX 77096	<i>a</i> >	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Office Furniture Storage
L				
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
L	experiantire to benefit 6/01	1		
l	Date	Payee name		
	12/06/2024	Michael Gomez Campaign		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$115.36	P.O. Box 56386		
l		Houston, TX 77256		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Reimbursement for Cable
				Tremburgement for Gubic
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	L aht	Office held
	expenditure to benefit C/O		J .	
\vdash				

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	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: 6/9 Rpt: 10/14	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	12/06/2024	Michael Gomez Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	P.O. Box 56386
		Houston, TX 77256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	-	Check if Austin, TX, officeholder living expense Reimbursement for Staff Holiday Party
		Reimbursement for Stail Holiday Party
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Michel, Bryant
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	3307 Deeds Rd
		Houston, TX 77084
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Poll Work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	12/30/2024	Payee name My Exquisite Decor
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	719 Rim Water Dr
		Alvin, TX 77511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Event Coordination
		Everit Coordination
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Political 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: 7/9 Rpt: 11/14	Manor, Jeralynn C. (The Honorable) 00084138
	5 Payee name
12/11/2024	Pour Behavior
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,932.02	2211 Travis St
	Houston, TX 77002
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 Bailiff Retirement Celebration Deposit
	Bailin Retirement delibitation Deposit
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
12/27/2024	Pour Behavior
Amount (\$)	Payee address; City; State; Zip Code
\$1,390.84	2211 Travis St
	Houston, TX 77002
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bailiff Retirement Celebration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Date	Payee name
10/30/2024	Print N Sign
Amount (\$)	Payee address; City; State; Zip Code
\$370.00	7350 Harwin Drive
	#316-A
	Houston, TX 77036
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense
	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	
OF	Check if Austin, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Banners Candidate/Officeholder name Office sought Office held
OF EXPENDITURE	Check if Austin, TX, officeholder living expense Banners Candidate/Officeholder name Office sought Office held
OF EXPENDITURE Complete ONLY if direct	Check if Austin, TX, officeholder living expense Banners Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/9 Rpt: 12/14	Manor, Jeralynn C. (The Honorable) 00084138
4	Date	5 Payee name
	12/30/2024	Ross
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.15	700 Meyerland Plz
		Houston, TX 77096
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/04/2024	Scott , Lashelle (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3600 W Sam Houston Pkwy S
	•	
		Houston, TX 77042
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Poll Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	11/01/2024	Smith, John (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$735.00	6105 W Orem Dr
		Apt 319
		Houston, TX 77085
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Poll Work
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains h	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILEF	RNAME		3 Filer ID (Ethics Commission Filers)
·	or, Jeralynn C. (The Honorable)		00084138
4 Date 5 Payer	e name		
12/12/2024 South	n Texas College of Law		
6 Amount (\$) 7 Payee	e address; City; State;	Zip Code	
\$1,025.00 1303	San Jacinto St		
	ton, TX 77002		
	Ory (See Categories listed at the top of this sche		
EXPENDITURE Conti	nuing Education		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Legal Educat	
Complete ONLY if direct Candid expenditure to benefit C/OH	ate/Officeholder name O	ffice sought	Office held
Date Paves	e name		
	v, Pam (Ms.)		
	. ,	Zip Code	
	8 Boyer Ln Houston	<u>-</u> ,р	
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Hous	ton, TX 77015		
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/14 2 FILER NAME Filer ID (Ethics Commission Filers) Manor, Jeralynn C. (The Honorable) 00084138 8 Amount (\$) Date 5 Name of person from whom amount is received 11/13/2024 Frosts Bank \$7.42 6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77025 Purpose for which amount is received Check if political contribution returned to filer **Account Monthly Interest** Amount (\$) Name of person from whom amount is received Date 11/11/2024 Frosts Bank \$4.35 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77025 Purpose for which amount is received Check if political contribution returned to filer **Account Monthly Interest**