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 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Veronica NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Rivas-Molloy CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Amy Bice NAME NICKNAME LAST **SUFFIX** Larson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 3 District 1

11 OFFICE

OFFICE HELD (if any)

Court Of Appeals, Justice Place 3 District 1

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Rivas-Molloy, Veroni	ca (The Honorable)	14 Filer ID 00083869	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political made without the candidate's or offic this information only if they receive n	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<u> </u>	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASL	JRER NAME	
		COMMITTEE CAMPAIGN TREASU	JRER ADDRESS	
46 OONTDIDUTION		IZED DOLUTION CONTRIBUTIONS	/OTLIED TUAN DIEDOEG LOANG	
16 CONTRIBUTION TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS	(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTE	EES OF LOANS)	\$ 25,785.00
EXPENDITURE TOTALS	· ·	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 9,714.26
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$ 21,633.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS OF THE LAST DAY	\$ 5,000.00
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required lection Code.	
			The Honorable Veronica Rivas-N	Molloy
			Signature of Candidate or Officeho	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
			, this the	day
of	, 20, to c	ertify which, witness my hand and se	al of office.	
Signature of office	er administering oath	Printed name of officer adminis	stering oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 29
18 FILER N	AME	19 Filer ID	(Ethics Commission Filers)
Rivas-I	Molloy, Veronica (The Honorable)		
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 25,785.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 9,714.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 3.47

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.		al pages Schedule A(J)1: 1: 1/10 Rpt: 4/29	
2	FILER NAME Rivas-Molloy	NAME -Molloy, Veronica (The Honorable)			ID (Ethics Commission 83869	n Filers)	
4	Date 06/25/2025			7 Amo	ount of Contribution (\$)	\$1,000.00	
		Houston, TX 77010					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if a	any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date 06/22/2025	Full name of contributor Arzate, Hector Contributor address; City;	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	\$100.00
		El Paso, TX 79936					
		Principal Occupation		Contributor's Job Title			
	Food Service			Baker			
	Main Bakery	employer/law firm		Law firm of contributor's sp	ouse (ii a	arry)	
		s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
	06/22/2025	Azios, Aaron Contributor address; City; Houston, TX 77008	State; Zip Code				\$10.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Community I	Engagement		Community Engagemen	nt		
		employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
	Harris Count	ty s a child, law firm of parent(s) (i	f anv)				
		. , , , ,	~				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/10 Rpt: 5/29
2	FILER NAME Rivas-Molloy	ey, Veronica (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083869	
4	Date 06/30/2025			7	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77002				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 06/23/2025	Full name of contributor Baker, Phyllis Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$300.00
		Houston, TX 77041				
		Principal Occupation		Contributor's Job Title		
	Retired Contributor's e	employer/law firm		Retired Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 06/25/2025	Full name of contributor Craft, Loren Contributor address; City; Houston, TX 77008	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
_	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's of Craft Chu Pl	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1 Total pages Schedule A(J)1: Sch: 3/10 Rpt: 6/29		
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Rivas-Molloy	, Veronica (The Honorable)			00083869
4	Date 06/25/2025			7 Amount of Contribution (\$) \$100.00	
		Kingwood, TX 77338			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	1
	Educator			Teacher	
10		employer/law firm Episcopal School		11 Law firm of contributor's sp	pouse (if any)
12		s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	06/23/2025	Hemphill, James			\$500.00
		Contributor address; City; S Humble, TX 77396	Julie, 2p code		
	Contributor's	<u>I</u> Principal Occupation		Contributor's Job Title	1
	Retired			Retired	
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)
	Retired				
	If contributor i	s a child, law firm of parent(s) (if	any)	I	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/24/2025	Jackson Walker LLP	_		\$2,500.00
		Contributor address; City; S	State; Zip Code		·-
	Caratuilar staula	Houston, TX 77010		Constributoulo Joh Title	<u> </u>
	Contributors	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)	1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 4/10 Rpt: 7/29	
2	FILER NAME Rivas-Molloy	, Veronica (The Honorable)			3 Filer ID (Ethics Commission Filer 00083869	s)
4	Date 06/24/2025			7 Amount of Contribution (\$) \$1,00	00.00	
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title		
	Real Estate			Realtor		
10	Contributor's of Oxberry Gro	employer/law firm up		11 Law firm of contributor's sp	spouse (if any)	
12	12 If contributor is a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/23/2025 Johnson Garcia, LLP Contributor address; City; State; Zip Code			\$2,50 	00.00	
	Contributor's I	Houston, TX 77074 Principal Occupation		Contributor's Job Title		
	Continuator 5 i	-ппстрат Оссираціон		Partner		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	spouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	06/23/2025	Kade, Damon & Aseena Contributor address; City; Sta Humble, TX 77396	tte; Zip Code		 \$25	50.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Director			Senior Manager		
	Contributor's e	employer/law firm		Law firm of contributor's sp	spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 5/10 Rpt: 8/29		
2	FILER NAME Rivas-Molloy	R NAME S-Molloy, Veronica (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083869
4	Date 06/23/2025			7	Amount of Contribution (\$) \$250.00	
		Humble, TX 77396				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Bush Seyfer	employer/law firm th PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/22/2025 Macias, Maria Contributor address; City; State; Zip Code				\$100.00	
		Humble tx, TX 77396				
		Principal Occupation		Contributor's Job Title		
	Childcare			Caretaker		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Latin Allianc		f)			
	if contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/23/2025	Macias, Maria				\$20.00
		Contributor address; City; Humble, TX 77396	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Childcare			Caretaker		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Latin Allianc	e				
	If contributor is	s a child, law firm of parent(s) (i	fany)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 6/10 Rpt: 9/29		
2	FILER NAME Rivas-Molloy	NAME Molloy, Veronica (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083869
4	Date 05/12/2025			7	Amount of Contribution (\$) \$5.00	
		Houston, TX 77265				
8		Principal Occupation		9 Contributor's Job Title		
L	Consultant			CEO		
10		employer/law firm nmunications LLC		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	Michael, Molloy Contributor address; City;	State; Zip Code			\$1,000.00
	Contributor's [Humble, TX 77396 Principal Occupation		Contributor's Job Title		
	Retired	- ппстрат Оссирацоп		Retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/30/2025	Molloy, Bruce (Mr.) Contributor address; City; Houston, TX 77079	State; Zip Code			\$1,000.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 7/10 Rpt: 10/29		
2	FILER NAME Rivas-Molloy	R NAME s-Molloy, Veronica (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083869
4	Date 06/23/2025	2025 Moore, Daryl 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
L	Lawyer			Lawyer		
10	AZA	employer/law firm		11 Law firm of contributor's sp	oou	se (If any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/25/2025 Reynolds Frizzell LLP Contributor address; City; State; Zip Code				\$1,000.00	
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/23/2025	Rivas, Marcia				\$1,000.00
		Contributor address; City; Houston, TX 77044				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Marketing			Marketing		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Latin Allianc	e				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/10 Rpt: 11/29
2	FILER NAME Rivas-Molloy	AME Molloy, Veronica (The Honorable)			3	Filer ID (Ethics Commission Filers) 00083869
4	Date 06/23/2025	Robinson, Jane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00	
		Pearland, TX 77584		_		
8		Principal Occupation		9 Contributor's Job Title		
10	Lawyer	employer/law firm		Lawyer		and (if a max)
10	Langdell Rol			11 Law firm of contributor's sp)Ou:	se (II ally)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025	San Miguel, Charlie Contributor address; City;	State; Zip Code			\$500.00
	Contributorio	Humble, TX 77396		Contributor's Job Title		
	Attorney	Principal Occupation		Attorney		
-		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Enterprise P					,
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/23/2025	Shaw, Jane				\$100.00
		Contributor address; City; Humble, TX 77396				
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 9/10 Rpt: 12/29		
2	FILER NAME Rivas-Molloy	IAME Molloy, Veronica (The Honorable)		3	Filer ID (Ethics Commission Filers) 00083869	
4	Date 06/23/2025			7	Amount of Contribution (\$) \$2,000.00	
		Houston, TX 77002				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title Lawyer		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date 06/23/2025				Amount of Contribution (\$) \$500.00	
		Houston, TX 77002-4910	6			
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
		s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/23/2025	Tore, Daniel Contributor address; City; s New York, NY 10021			•	\$200.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	CEO			CEO		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	1 Total pages Schedule A(J)1: Sch: 10/10 Rpt: 13/29	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Rivas-Molloy, Veronica (The Honorable) Date 5 Full name of contributor out-of-state PAC (ID#:)		00083869 7 Amount of Contribution (\$)	
•	06/28/2025			\$2,000.00
		Houston, TX 77018		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
12		nerican Pipeline s a child, law firm of parent(s) (if any)		
12	. II CONTINUED I	s a clind, law little of parent(s) (if arry)		
	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	06/23/2025	Yetter Coleman LLP	no (IDII).	\$2,000.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77002		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/15 Rpt: 14/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	05/02/2025	National Association of Women Lawyers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.00	321 North Clark Street
		Chicago, IL 60654
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
		Annual Membership Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/10/2025	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	20408 US-59
		Humble, TX 77338
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н
	Date	Payee name
	06/16/2025	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.80	109 State Hwy 71
		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel for UT Law CLE Travel
		Tuchior of Edwice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 2/15 Rpt: 15/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	06/30/2025	Donor Box
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$701.67	53rd St
		Suite 900
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Credit Card Processing Fees 5/12 - 6/30/2025
		Credit Card Processing Fees 3/12 - 0/30/2023
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2025	DoubleTree by Hilton Hotel Chicago
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.06	300 E Ohio St
		Chicago, IL 60611
	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 Travel Meal for Panel Speaker Trip
		Travel Wear of Farier Speaker Trip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/08/2025	Guard and Grace
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.36	500 Dallas St
		Suite 100
		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
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
L	Sch: 3/15 Rpt: 16/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	06/26/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	4619 Lyons Ave
		Houston, TX 77020
Ļ		
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
		Sustaining Member Fees
		and the second s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	05/27/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	4619 Lyons Ave
		Houston, TX 77020
	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
		Sustaining Member Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/26/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	4619 Lyons Ave
		Houston, TX 77020
	DUDDOSE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sustaining Member Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor 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: 4/15 Rpt: 17/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	04/28/2025	Harris County Democratic Party
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sustaining Member Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Hilton Americas
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$25.00	1600 Lamar St.
		Houston, TX 77010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Paid Parking for Event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	Hispanic Bar Association of Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 3611
		Houston, TX 77253
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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:	1
Ė	Sch: 5/15 Rpt: 18/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	06/30/2025	Hispanic National Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2020 Pennsylvania Ave. NW
		Ste. 279
		Washington, DC 20006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Annual Donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		'
	Date	Payee name
L	04/09/2025	Hispanic National Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	2020 Pennsylvania Ave. NW
		Ste. 279
		Washington, DC 20006
	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/Officerioider/Political Committee Membership Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	03/06/2025	Houston Airport System - Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 60106
L		Houston, TX 77205-0106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airport Parking
		/ inport aining
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ı
	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 I	Filers)
	Sch: 6/15 Rpt: 19/29	Rivas-Molloy, Veronica (The Honorable) 00083869	
4	Date	5 Payee name	
	04/09/2025	Houston Association of Women Attorneys (AWA)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	2450 Louisiana St.	
		Suite 400-301	
		Houston, TX 77006	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Annual Membership Fee	
_	Computate ONLY if diseast	Condidate Office halder some	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Data	T -	
	Date	Payee name	
	06/05/2025	Houston Bar Appellate Section	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1112 Bagby St.	
		FLB 201	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense 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	DH	
	Date	Payee name	
	03/26/2025	Houston Bar Appellate Section	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	1112 Bagby St.	
		FLB 201	
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Monthly Luncheon Ticket	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	Tatal name C	
1	Total pages Schedule F1: Sch: 7/15 Rpt: 20/29	2 FILER NAME Rivas-Molloy, Veronica (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083869
4	Date	5 Payee name
_	03/07/2025	Houston Bar Appellate Section
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1112 Bagby St.
		FLB 201
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Monthly Luncheon Ticket
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	Houston Bar Appellate Section
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1112 Bagby St.
		FLB 201
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Luncheon Ticket
		Monthly Editoricon Picket
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
\vdash	Data	Davies nome
	Date 03/28/2025	Payee name
		Houston Lawyer's Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$525.00	P.O. Box 300009
		Houston, TX 77230-0009
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Lveit Spoisoisiip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this	form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Rivas-Molloy, Veronica (The Honorable)	00083869
5 Payee name	
Irma's Restaurant	
7 Payee address; City; State; Zip Code	
1475 Texas Ave	
Houston, TX 77002	
(a) Category (See Categories listed at the top of this schedule) (b) Descr	
1 God/Beverage Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Candidate/Officeholder name Office sought	Office held
Pavee name	
Irma's Restaurant	
Pavee address: City: State: Zip Code	
1475 Texas Ave	
Houston, TX 77002	
(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	eck if travel outside of Texas. Complete Schedule T.
Che	eck if Austin, TX, officeholder living expense
Work	Lunch
Candidate Office holder name	Office hold
•	Office held
Г _	
1	
1 420 Harvaru St.	
Houston, TX 77007	
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) (b) Descr	
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Descr	eck if travel outside of Texas. Complete Schedule T.
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Descr	
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Descr	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Che Che Photo Candidate/Officeholder name Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Descr	ack if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense ography for Campaign
Houston, TX 77007 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Che Che Photo Candidate/Officeholder name Office sought	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense ography for Campaign
	2 FILER NAME Rivas-Molloy, Veronica (The Honorable) 5 Payee name Irma's Restaurant 7 Payee address; City; State; Zip Code 1475 Texas Ave Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Irma's Restaurant Payee name Irma's Restaurant Payee address; City; State; Zip Code 1475 Texas Ave Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Houston, TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 9/15 Rpt: 22/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	06/25/2025	La Griglia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$176.69	2817 W Dallas St
		Houston, TX 77019
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
		Staff and Intern Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/16/2025	La Griglia
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.85	2817 W Dallas St
	Ψ110.03	2017 W Builds Of
		Houston, TX 77019
	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
		Staff Lunch
		Gian Edition
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/09/2025	Lanier Parking Garage
	Amount (\$) \$14.00	Payee address; City; State; Zip Code 101 Austin St
	\$14.00	101 Austill St
		Houston, TX 77002
	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
		Paid Parking for Investiture Ceremony
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- cxperialitate to betterit Great	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 23/29	Rivas-Molloy, Veronica (The Honorable)		00083869
4	Date	5 Payee name	_	
	03/04/2025	National Hispanic Institute		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$1,073.60	P.O. Box 220		
		Maxwell, TX 78656		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	 o)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	J	Check if Austin, TX, officeholder living expense
				Donation for Leadership Program
0	Complete ONLY if direct	Candidate/Officeholder name Office sough		Office held
9	Complete ONLY if direct expenditure to benefit C/O		ıt	Office field
—	Data		_	
	Date 01/09/2025	Payee name North Italia		
			_	
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$42.18	1700 Post Oak Blvd		
		Ste 190		
		Houston, TX 77056		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	ວ)	Description
	EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Meal Investiture
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/16/2025	Shipley Donuts		
	Amount (\$)	Payee address; City; State; Zip Code	— Э	
	\$24.20	15135 Old Humble Rd		
		Humble, TX 77396		
	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	, and a second s	j	Check if Austin, TX, officeholder living expense
			,	Work Meeting Breakfast
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	١t	Office held
	poa.taro to borioni 0/01	•	_	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 11/15 Rpt: 24/29	2 FILER NAME Rivas-Molloy, Veronica (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083869
4	Date	5 Payee name
	02/27/2025	Somos Latina
6	Amount (\$) \$28.52	7 Payee address; City; State; Zip Code PO Box 5117
		Boone, IA 50950
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event Ticket
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/09/2025	Texas Center for Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio
		Suite 800
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Continuing Education
		Check if Austin, TX, officeholder living expense
		Annual Judicial Education Conference
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2025	Texas Gulf Coast Area Labor Federation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2506 Sutherland St.
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Event Sponsorship
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought 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

	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)
	Sch: 12/15 Rpt: 25/29	Rivas-Molloy, Veronica (The Honorable) 00083869
4	Date	5 Payee name
	06/16/2025	The Otis Hotel Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.79	1901 San Antonio St
		Austin, TX 78705
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 Travel Meal
		Traver wear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/16/2025	The Otis Hotel Austin
H	Amount (\$)	Payee address; City; State; Zip Code
	\$611.27	1901 San Antonio St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for UT Law CLE
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/16/2025	The University of Texas at Austin School of Law
H	Amount (\$)	Payee address; City; State; Zip Code
	\$795.00	727 E Dean Keeton St.
		Austin, TX 78705
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Continuing Education Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		UT Law CLE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 13/15 Rpt: 26/29	Rivas-Molloy, Veronica (The Honorable) 00083869								
4	Date	5 Payee name								
	06/03/2025	Treebeards								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$87.69	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.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Staff and Intern Lunch								
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	03/26/2025	Treebeards								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$24.90 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.								
		Check if Austin, TX, officeholder living expense Work Lunch								
		WOIK EURCH								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI									
	Data	David and the second se								
	Date 02/25/2025	Payee name Treebeards								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$19.49	1117 Texas St								
		Houston, TX 77002								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Work Lunch								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								

SCHEDULE F1

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

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: 14/15 Rpt: 27/29	Rivas-Molloy, Veronica (The Honorable) 00083869						
4	Date	5 Payee name						
	05/08/2025	U.S.P.S						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$226.00	1202 1st St E						
		Humble, TX 77338						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF SYPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense PO Box Rental						
		TO BOX Nemai						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/O							
_								
	Date	Payee name						
	03/06/2025	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$59.00	233 South Wacker Drive						
		Chicago, IL 60606						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Baggage Fees						
		Daggage 1 ccs						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Data							
	Date	Payee name						
	03/05/2025	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.00	233 South Wacker Drive						
L		Chicago, IL 60606						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Baggage Fees						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OH							

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Suide available hourts complete this form					Travel Out of District OTHER (enter a category not listed above)			
				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	ı									(Ethics Commission Filers)	
	Sch: 15/15 Rpt: 28/29	├		y, Veronica (T	he Honorabl	le)				00083869		
4	Date	ı	Payee name									
L	04/03/2025		Xochi									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$61.96	1777 Walker St										
			Houston, TX	₹ 77010								
8	PURPOSE	(a)	Category (Se	e Categories listed a	at the top of this sch	hedule)	(b)	Description				
	OF EVDENDITUDE	Food/Reverage Expense						nplete Schedule T.				
	EXPENDITURE			•				_	, TX,	, officeholder living	g expense	
								Staff Lunch				
L		L					_		_			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
L	expenditure to benefit C/O	H —										
	Date		Payee name									
	01/29/2025		Xochi									
	Amount (\$)	Γ	Payee addres	ss; City;	State	e; Zip Co	de					
	\$208.49		1777 Walke									
	, :5::3											
			Houston, TX	< 77010								
\vdash	PURPOSE	├			at also de la		(h)	Description				
OF			(a) Category (See Categories listed at the top of this schedule) [Check if						outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE			1 000/Deverage Expense					_	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			Staff Lunch									
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Η				,						
	Date	Π	Payee name				_					
	05/21/2025		Young , Del	borah								
-	Amount (\$)	\vdash	Payee addres		Ctata	e; Zip Co	de					
	\$500.00	ı	301 Fannin		Sidile	, ∠ıμ C0.	uc					
	ΦΌΟ.ΟΟ			Ji								
			#245									
		L	Houston, T	X 77002								
	PURPOSE	(a)	Category (Se	ee Categories listed a	at the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee									nplete Schedule T.	
			Candidate/(Jfficeholder/P	olitical Comn	nittee		_		, officeholder living		
								LIISI COULT OL	Αþ	peais Criee	er Fund Contribution	
	Complete ONLY if direct	Ļ	`andidato/Offi	ceholder name		Office sour	nh+			Office h	ald	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								GIU				
	· -											
_	.,											

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: 29/29 2 FILER NAME Filer ID (Ethics Commission Filers) Rivas-Molloy, Veronica (The Honorable) 00083869 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 Frost Bank \$3.47 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 Monthly Account Interest from 01/01 -6/30/2025