

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00083869	2 Total pages filed: 44		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Veronica	MI	OFFICE USE ONLY		
	NICKNAME	LAST Rivas-Molloy	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	REDACTED PER 254.0313, GOVT CODE			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Amy Bice	MI			
	NICKNAME	LAST Larson	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOVT CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (314)	PHONE NUMBER 639-1907	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Day	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 3 District 1			12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 3 District 1		

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Rivas-Molloy, Veronica (The Honorable)		14 Filer ID (Ethics Commission Filers) 00083869
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 23,705.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 26,454.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 35,312.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 5,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Veronica Rivas-Molloy

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Rivas-Molloy, Veronica (The Honorable)	19 Filer ID (Ethics Commission Filers) 00083869
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 23,705.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 26,454.47	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azios, Aaron 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$5.00
8 Contributor's Principal Occupation Outreach		9 Contributor's Job Title Outreach Specialist
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bice Larson, Amy Contributor address; City; State; Zip Code Troy, MI 48084		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Member		Contributor's Job Title Member
Contributor's employer/law firm Bush Seyferth		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Joe Contributor address; City; State; Zip Code Katy, TX 77494		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hagan Noll & Boyle LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/44												
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869												
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$500.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/05/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart Contributor address; City; State; Zip Code HOUSTON, TX 77098</td> <td>Amount of Contribution (\$) \$2,500.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$2,500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart Contributor address; City; State; Zip Code HOUSTON, TX 77098	Amount of Contribution (\$) \$2,500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Amy Contributor address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE</td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Amy Contributor address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Amy Contributor address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Amy 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Justice		9 Contributor's Job Title Justice
10 Contributor's employer/law firm 1st Court of Appeals		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025 Contributor address; City; State; Zip Code Houston, TX 77025		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate
Contributor's employer/law firm Yetter Coleman LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025 Contributor address; City; State; Zip Code Houston, TX 77007		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Cybersecurity Manager		Contributor's Job Title Cybersecurity Manager
Contributor's employer/law firm XPO		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Ben 6 Contributor address; City; State; Zip Code Houston, TX 77056	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Co-Managing Shareholder
10 Contributor's employer/law firm Andrews Myers, PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Cheri Contributor address; City; State; Zip Code Houston, TX 77079		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lewis Thomas Law PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Diana Contributor address; City; State; Zip Code Houston, TX 77098		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Marshall Associates (self)		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Diana 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Jackson Walker		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025 Contributor address; City; State; Zip Code Houston, TX 77005		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Physician		Contributor's Job Title Doctor
Contributor's employer/law firm Dolar S Patolia, MD PA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025 Contributor address; City; State; Zip Code Manvel, TX 77578		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Energy Transfer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, James 6 Contributor address; City; State; Zip Code Humble, TX 77396	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Advisor		9 Contributor's Job Title Technical Advisor
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025 Contributor's Principal Occupation Lawyer		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Janet Contributor's Job Title Lawyer
Contributor's employer/law firm Schirrmeister Diaz Arrastia Brem LLP		Amount of Contribution (\$) \$500.00 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025 Contributor's Principal Occupation Commissioner		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Lesley Contributor's Job Title Commissioner
Contributor's employer/law firm Harris County		Amount of Contribution (\$) \$1,000.00 Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/44	
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869	
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Lewis 6 Contributor address; City; State; Zip Code Houston, TX 77079	7 Amount of Contribution (\$) \$250.00	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney	
10 Contributor's employer/law firm Lewis Thomas Law PC		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 11/06/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Linda Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/05/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Maha Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Wright Close Barger & Guzman LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Maria 6 Contributor address; City; State; Zip Code Pittsburg, CA 94565	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Michael Contributor address; City; State; Zip Code Houston, TX 77056		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kherkher Garcia, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Natalie Contributor address; City; State; Zip Code Houston, TX 77018		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Yetter Coleman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Rey 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm AZA		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Richard Contributor address; City; State; Zip Code Houston, TX 77025		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title of Counsel
Contributor's employer/law firm Spalding Nichols Lamp Langlois		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Robert Contributor address; City; State; Zip Code Houston, TX 77006		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Ruth 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer
10 Contributor's employer/law firm Shell USA, Inc.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Teresa Contributor address; City; State; Zip Code Houston, TX 77002		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Fisher & Phillips LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Timothy Contributor address; City; State; Zip Code Spring, TX 77389		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Ahmad Zavitsanos & Mensing		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/44
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhart, Tracy 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Yetter Coleman LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025 Contributor address; City; State; Zip Code Houston, TX 77019		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Law Professor		Contributor's Job Title Professor
Contributor's employer/law firm The University of Houston Law Center		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/15/2025 Contributor address; City; State; Zip Code Houston, TX 77098		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Hicks Davis Wynn PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/44												
2 FILER NAME Rivas-Molloy, Veronica (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083869												
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Watkins McPheeters LLP 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$1,000.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/13/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Sergio Contributor address; City; State; Zip Code Bellaire, TX 77401 </td> <td>Amount of Contribution (\$) \$300.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Compliance Officer </td> <td> Contributor's Job Title Chief of Compliance </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm University of Houston </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Sergio Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$300.00	Contributor's Principal Occupation Compliance Officer		Contributor's Job Title Chief of Compliance	Contributor's employer/law firm University of Houston		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Sergio Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$300.00												
Contributor's Principal Occupation Compliance Officer		Contributor's Job Title Chief of Compliance												
Contributor's employer/law firm University of Houston		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Alina Contributor address; City; State; Zip Code El Paso, TX 79912 </td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Adjuster </td> <td> Contributor's Job Title Adjuster </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Progressive Uninsurance </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Alina Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation Adjuster		Contributor's Job Title Adjuster	Contributor's employer/law firm Progressive Uninsurance		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Alina Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation Adjuster		Contributor's Job Title Adjuster												
Contributor's employer/law firm Progressive Uninsurance		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/44</p>
<p>2 FILER NAME Rivas-Molloy, Veronica (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00083869</p>
<p>4 Date 11/11/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Linda 6 Contributor address; City; State; Zip Code Houston, TX 77009</p>	<p>7 Amount of Contribution (\$) \$250.00</p>
<p>8 Contributor's Principal Occupation Labor Organizer</p>		<p>9 Contributor's Job Title Organizing Coordinator</p>
<p>10 Contributor's employer/law firm Texas Gulf Coast Area Labor Federation, AFL-CIO</p>		<p>11 Law firm of contributor's spouse (if any)</p>
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 07/01/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter, Paul Contributor address; City; State; Zip Code Spring, TX 77379</p>	<p>Amount of Contribution (\$) \$1,500.00</p>
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>
<p>Contributor's employer/law firm Yetter Coleman</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/28 Rpt: 17/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/26/2025	5 Payee name Aceves Communications	
6 Amount (\$) \$7,010.72	7 Payee address; City; PO Box 6514 Houston, TX 77265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Aceves Communications	
Amount (\$) \$3,750.00	Payee address; City; PO Box 6514 Houston, TX 77265	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Amazon	
Amount (\$) \$119.06	Payee address; City; 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/28 Rpt: 18/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/25/2025	5 Payee name Austin Marriott Downtown	
6 Amount (\$) \$441.18	7 Payee address; City; 304 E Cesar Chavez St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin travel lodging -for candidate application filing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Azios, Aaron (Mr.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signature Collection
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Azios, Aaron (Mr.)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signature Collection
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/28 Rpt: 19/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/23/2025	5 Payee name Barnaby's Cafe Downtown	
6 Amount (\$) \$51.84	7 Payee address; City; 801 Congress St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Working Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Barnaby's Museum District	
Amount (\$) \$44.85	Payee address; City; 1801 Binz St #110 Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Bay Area Democrats	
Amount (\$) \$100.00	Payee address; City; 17100 El Camino Real Houston, TX 77058	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/28 Rpt: 20/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/28/2025	5 Payee name CVS Humble	
6 Amount (\$) \$7.57	7 Payee address; City; State; Zip Code 8000 N Sam Houston Pkwy E Humble, TX 77396	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name CVS Humble	
Amount (\$) \$7.12	Payee address; City; State; Zip Code 8000 N Sam Houston Pkwy E Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name DC Art Dist Mkt	
Amount (\$) \$65.17	Payee address; City; State; Zip Code DCA Airport Arlington, VA 22202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award travel meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/28 Rpt: 21/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 12/31/2025	5 Payee name Donor Box	
6 Amount (\$) \$1,097.20	7 Payee address; City; 53rd St Suite 900 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees 07/01-12/31/25
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name FEDEX Austin	
Amount (\$) \$6.50	Payee address; City; 8233 Industry Way Austin, TX 78744	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Four Seasons Hotel Austin	
Amount (\$) \$1,908.78	Payee address; City; 98 San Jacinto Blvd Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/28 Rpt: 22/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 09/08/2025	5 Payee name Four Seasons Hotel Austin	
6 Amount (\$) \$148.62	7 Payee address; City; 98 San Jacinto Blvd Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin - CLE food and costs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Foxhole Culinary Tavern	
Amount (\$) \$140.43	Payee address; City; 13995 US-183 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name HEB	
Amount (\$) \$51.71	Payee address; City; 16000 Woodland Hills Dr Humble, TX 77346	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/28 Rpt: 23/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 12/26/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$60.00	7 Payee address; City; 4619 Lyons Ave Houston, TX 77020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Harris County Democratic Party	
Amount (\$) \$60.00	Payee address; City; 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Harris County Democratic Party	
Amount (\$) \$60.00	Payee address; City; 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/28 Rpt: 24/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 08/26/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Harris County Democratic Party	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Hearsay Market Square	
Amount (\$) \$25.22	Payee address; City; State; Zip Code 218 Travis St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/28 Rpt: 25/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/02/2025	5 Payee name Houston Bar Association	
6 Amount (\$) \$520.00	7 Payee address; City; State; Zip Code 1111 Bagby St. FLB 200 Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Harvest Party donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Houston Bar Association	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 1111 Bagby St. FLB 200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HBA Appellate Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Houston Bar Association	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1111 Bagby St. FLB 200 Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HBA Appellate Section lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/28 Rpt: 26/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/12/2025	5 Payee name Houston Lawyer's Association	
6 Amount (\$) \$50.00	7 Payee address; City; P.O. Box 300009 Houston, TX 77230-0009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Houstonian Hotel	
Amount (\$) \$21.00	Payee address; City; 111 N Post Oak Ln Houston, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name James Avery Craftsman	
Amount (\$) \$211.09	Payee address; City; 5235 TX-27 Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Award gifts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/28 Rpt: 27/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 12/09/2025	5 Payee name La Griglia	
6 Amount (\$) \$376.81	7 Payee address; City; State; Zip Code 2817 W Dallas St Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court of Appeals lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name McDonald's Humble	
Amount (\$) \$9.29	Payee address; City; State; Zip Code 15015 Mesa Dr Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Mercado, Maria	
Amount (\$) \$280.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering for CLE Panel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/28 Rpt: 28/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/07/2025	5 Payee name Mexican-American Bar Association of Houston	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 303 Houston, TX 77001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship gala table
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Nara Thai Washington	
Amount (\$) \$40.78	Payee address; City; State; Zip Code 4601 Washington Ave #100 Houston, TX 77007	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name North Italia	
Amount (\$) \$259.70	Payee address; City; State; Zip Code 1700 Post Oak Blvd Ste 190 Houston, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/28 Rpt: 29/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/17/2025	5 Payee name Postnet	
6 Amount (\$) \$71.08	7 Payee address; City; State; Zip Code 143 Union Blvd Lakewood, CO 80228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Postnet	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 143 Union Blvd Lakewood, CO 80228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Postnet	
Amount (\$) \$14.07	Payee address; City; State; Zip Code 143 Union Blvd Lakewood, CO 80228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/28 Rpt: 30/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 11/25/2025	5 Payee name Postnet	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 143 Union Blvd Lakewood, CO 80228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Snooze Heights	
Amount (\$) \$48.66	Payee address; City; State; Zip Code 718 W 18th St Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast with campaign assistant
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Texas Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate application fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/28 Rpt: 31/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/14/2025	5 Payee name Texas Democratic Women of Harris County Metro Area	
6 Amount (\$) \$500.00	7 Payee address; City; 3302 Canal St Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Texas Pit Stop BBQ	
Amount (\$) \$18.30	Payee address; City; 2216 Gulf Fwy La Marque, TX 77568	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense work lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Texas Supreme Court Historical Society	
Amount (\$) \$50.00	Payee address; City; 205 W 14th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Fee Texas Supreme Court Historical Society
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/28 Rpt: 32/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/21/2025	5 Payee name The Mayflower Hotel, Autograph Collection	
6 Amount (\$) \$935.73	7 Payee address; City; State; Zip Code 1127 Connecticut Ave NW Washington, DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award - Lodging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name The Mayflower Hotel, Autograph Collection	
Amount (\$) \$935.73	Payee address; City; State; Zip Code 1127 Connecticut Ave NW Washington, DC 20036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award - Lodging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Treebeards	
Amount (\$) \$53.05	Payee address; City; State; Zip Code 1117 Texas St Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Working lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/28 Rpt: 33/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 12/05/2025	5 Payee name Treebeards	
6 Amount (\$) \$18.95	7 Payee address; City; State; Zip Code 1117 Texas St Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense work Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Uber	
Amount (\$) \$43.98	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Uber	
Amount (\$) \$31.13	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/28 Rpt: 34/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 08/11/2025	5 Payee name Uber	
6 Amount (\$) \$21.94	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Uber	
Amount (\$) \$21.63	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Uber	
Amount (\$) \$15.94	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLE lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/28 Rpt: 35/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 09/16/2025	5 Payee name Uber	
6 Amount (\$) \$14.97	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Uber	
Amount (\$) \$14.68	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Uber	
Amount (\$) \$14.22	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt: 36/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/30/2025	5 Payee name Uber	
6 Amount (\$) \$13.55	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Uber	
Amount (\$) \$10.97	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Uber	
Amount (\$) \$10.96	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/28 Rpt: 37/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 09/04/2025	5 Payee name Uber	
6 Amount (\$) \$10.01	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Uber	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Appellate Section Lunch - HBA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Uber	
Amount (\$) \$9.95	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/28 Rpt: 38/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 09/17/2025	5 Payee name Uber	
6 Amount (\$) \$9.93	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work Lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Uber	
Amount (\$) \$9.91	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Uber	
Amount (\$) \$8.93	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday reception
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/28 Rpt: 39/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 09/04/2025	5 Payee name Uber	
6 Amount (\$) \$7.94	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Uber	
Amount (\$) \$7.93	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Uber	
Amount (\$) \$6.93	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work meeting transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt: 40/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 08/29/2025	5 Payee name Uber	
6 Amount (\$) \$4.67	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Uber	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Uber	
Amount (\$) \$3.00	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin CLE - transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/28 Rpt: 41/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 12/11/2025	5 Payee name Uber	
6 Amount (\$) \$2.00	7 Payee address; City; 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work lunch uber tip
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Uber	
Amount (\$) \$2.00	Payee address; City; 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work lunch uber tip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Uber	
Amount (\$) \$2.00	Payee address; City; 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Austin Travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/28 Rpt: 42/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/17/2025	5 Payee name Uber	
6 Amount (\$) \$71.08	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Uber	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Uber	
Amount (\$) \$26.88	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/28 Rpt: 43/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/18/2025	5 Payee name Uber	
6 Amount (\$) \$33.95	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Uber	
Amount (\$) \$13.26	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Uber	
Amount (\$) \$163.32	Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/28 Rpt: 44/44	2 FILER NAME Rivas-Molloy, Veronica (The Honorable)	3 Filer ID (Ethics Commission Filers) 00083869
4 Date 07/21/2025	5 Payee name Uber	
6 Amount (\$) \$48.42	7 Payee address; City; State; Zip Code 1515 Third Street San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HNBF - Judicial Leadership Award trip transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Vazquez Median, Pamela (Judge)	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 2368A Rice Blvd #421 Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for JJR Gala Table
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Xochi	
Amount (\$) \$172.18	Payee address; City; State; Zip Code 1777 Walker St Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held