

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) 00084138	2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jeralynn C.	MI 	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2021
	NICKNAME	LAST Manor	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 612 Humble, TX 77347		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Natalia	MI 	
	NICKNAME	LAST Cruz	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2686 Murworth Dr Apt 301 Houston, TX 77054			
7 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 346-6644	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 Day Year 10/25/2020		THROUGH	Month Day Year 12/31/2020
10 ELECTION	ELECTION DATE Month Day Year 11/03/2020		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 80 Harris		12 OFFICE SOUGHT (if known) District Judge District 80	

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

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

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13 C / OH NAME Manor, Jeralynn C. (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00084138

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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)	\$	8,299.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	16,688.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,602.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

Mrs. Jeralynn C. Manor

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 Manor, Jeralynn C. (Mrs.)		19 Filer ID 00084138	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	8,299.99
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	\$	16,688.97
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: 1/6 Rpt: 4/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/02/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdullatif, Osama (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Contributor's Principal Occupation Real-estate		9 Contributor's Job Title Developer
10 Contributor's employer/law firm SIs Houston Properties LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts Amicus Fund	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Ilana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Manhattan, NY 10014	
Contributor's Principal Occupation Theater		Contributor's Job Title Producer
Contributor's employer/law firm Gingold Theatrical Group		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: 2/6 Rpt: 5/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 10/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Elizabeth (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Sacramento, CA 95816	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Solo Practitioner		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dacey, Derin (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Academic Advisor		Contributor's Job Title Academic Advisor II
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 11/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foty, Don (Mr.)	Amount of Contribution (\$) \$259.92
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Founding Partner
Contributor's employer/law firm Hodges & Foty, 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: 3/6 Rpt: 6/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/06/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanszen Laporte, LLP	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079	
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)		
Date 10/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Jonathan (Mr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Marina del Rey, CA 90292	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Knobbe Martens Olson & Bear LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastl, Krisi (Ms.)	Amount of Contribution (\$) \$130.11
	Contributor address; City; State; Zip Code Dallas, TX 75204	
Contributor's Principal Occupation Attorney		Contributor's Job Title Principal
Contributor's employer/law firm Kastl Law, 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: 4/6 Rpt: 7/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libet, Moreen (Ms.)	7 Amount of Contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code Davis, CA 95616	
8 Contributor's Principal Occupation unemployed		9 Contributor's Job Title unemployed
10 Contributor's employer/law firm unemployed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marin-Murillo, Maritza (Ms.)	Amount of Contribution (\$) \$26.27
	Contributor address; City; State; Zip Code Houston, TX 77066	
Contributor's Principal Occupation Legal Administration		Contributor's Job Title Secretary
Contributor's employer/law firm Lone Star Legal Aid		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martineau, Dennis (Mr.)	Amount of Contribution (\$) \$36.66
	Contributor address; City; State; Zip Code Seal Beach, CA 90740	
Contributor's Principal Occupation Attorney		Contributor's Job Title State Compensation Insurance Fund / Attorney
Contributor's employer/law firm State of California		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: 5/6 Rpt: 8/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/03/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Robert (Mr.)	7 Amount of Contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
8 Contributor's Principal Occupation Anesthesiologist		9 Contributor's Job Title Anesthesiologist
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newport, Jeffrey (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Contributor's Principal Occupation Attorney		Contributor's Job Title Principal
Contributor's employer/law firm Jeffrey R. Newport Law Offices		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrader, Justin (Mr.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Houston, TX 77046	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Shrader & Associates / attorney		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: 6/6 Rpt: 9/17
2 FILER NAME Manor, Jeralynn C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Amy (Ms.)	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Dallas, TX 75218		
8 Contributor's Principal Occupation unemployed		9 Contributor's Job Title unemployed
10 Contributor's employer/law firm unemployed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Valkenburg, Margaret (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Portland, OR 97202		
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm unemployed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter Coleman, LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 10/17	2 FILER NAME Manor, Jeralynn C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00084138
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4 Date 12/02/2020	5 Payee name Aubrey Taylor Communications
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6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 957 Nasa Parkway #251 Houston, TX 77058
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Post Election Victory Thank You Advertisements
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/18/2020	Payee name Aubrey Taylor Communications
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 957 Nasa Parkway #251 Houston, TX 77058
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Post Election Victory Thank You Advertisements
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2020	Payee name Black Walnut Cafe
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Amount (\$) \$38.54	Payee address; City; State; Zip Code 5512 Memorial Dr. Houston, TX 77007
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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 Meeting With Court Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/8 Rpt: 11/17	2	FILER NAME Manor, Jeralynn C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00084138	
4	Date 12/14/2020	5	Payee name Choir Robes Creations			
6	Amount (\$) \$192.00	7	Payee address; City; State; Zip Code 3804 Poplar St. Houston, TX 77087			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Judicial Robes			
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/31/2020		Payee name Donor Box			
	Amount (\$) \$238.02		Payee address; City; State; Zip Code 53rd St. Suite 900 San Francisco, CA 94103			
	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 Donation Processing Fees 10/25 - 12/31/2020			
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/13/2020		Payee name Hall, Terrance (Mr.)			
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 8146 East Houston Rd. Houston, TX 77028			
	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 Thanksgiving Donation Event			
		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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/8 Rpt: 12/17	2	FILER NAME Manor, Jeralynn C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00084138
4	Date 11/03/2020	5	Payee name Hall, Terrance (Mr.)		
6	Amount (\$) \$125.00	7	Payee address; City; State; Zip Code 8146 East Houston Rd. Houston, TX 77028		
8	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 Voter Outreach		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/21/2020		Payee name Hall, Terrance (Mr.)		
	Amount (\$) \$150.00		Payee address; City; State; Zip Code 8146 East Houston Rd. Houston, TX 77028		
	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 Christmas Community Event		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/30/2020		Payee name Harris County Democratic Party		
	Amount (\$) \$500.00		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 GOTV Coordinated Campaign		
		Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/8 Rpt: 13/17	2	FILER NAME Manor, Jeralynn C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00084138	
4	Date 10/30/2020	5	Payee name Instacart			
6	Amount (\$) \$142.07	7	Payee address; City; State; Zip Code 50 Beale St California City, CA 94105			
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 Refreshments for Poll Workers			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/18/2020		Payee name Instacart			
	Amount (\$) \$99.00		Payee address; City; State; Zip Code 50 Beale St California City, CA 94105			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fraudulent Charges for Groceries	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit Card Charges Currently Disputed			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/18/2020		Payee name Instacart			
	Amount (\$) \$40.32		Payee address; City; State; Zip Code 50 Beale St California City, CA 94105			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fraudulent Charges for Food and Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Debit Card Charges Currently Disputed			
		Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/8 Rpt: 14/17	2	FILER NAME Manor, Jeralynn C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00084138
4	Date 11/12/2020	5	Payee name Lupe Tortilla		
6	Amount (\$) \$44.37	7	Payee address; City; State; Zip Code 1511 Shepherd Dr. Houston, TX 77007		
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 Meeting With Court Staff		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/03/2020		Payee name Manor, Jeralynn (Judge)		
	Amount (\$) \$8,450.00		Payee address; City; State; Zip Code PO Box 612 Humble, TX 77347		
	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 Repayment of Personal Loans from Campaign		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/16/2020		Payee name Pappadeaux Seafood		
	Amount (\$) \$63.40		Payee address; City; State; Zip Code 2525 S Loop W. Houston, TX 77054		
	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 Meeting with Court Staff		
		Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/8 Rpt: 15/17	2	FILER NAME Manor, Jeralynn C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00084138	
4	Date 11/04/2020	5	Payee name Scott , Lashelle (Ms.)			
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code 3600 W Sam Houston Pkwy S Houston, TX 77042			
8	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 Election Day Poll Campaigning			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/28/2020		Payee name Smith, John (Mr.)			
	Amount (\$) \$150.00		Payee address; City; State; Zip Code 6105 W Orem Dr Apt 319 Houston, TX 77085			
	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 Election Day Poll Campaigning			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 12/01/2020		Payee name Stelly, Pam (Ms.)			
	Amount (\$) \$150.00		Payee address; City; State; Zip Code 13218 Boyer Ln Houston Houston, TX 77015			
	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 Election Day Poll Campaigning			
		Complete <u>ONLY</u> 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: 7/8 Rpt: 16/17	2 FILER NAME Manor, Jeralynn C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00084138
4 Date 10/27/2020	5 Payee name Stelly, Pam (Ms.)	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 13218 Boyer Ln Houston Houston, TX 77015	
8 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 Early Vote Poll Campaigning
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2020	Candidate/Officeholder name Texas Center for Judiciary	
Amount (\$) \$65.00	Office sought 1210 San Antonio Suite 800 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Required Judiciary Training	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2020 College for New Judges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2020	Candidate/Officeholder name Tiff's Treats	
Amount (\$) \$191.25	Office sought 8310-1 N. Capital of Texas Highway Suite 110 Austin, TX 78731	
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 Snacks for Poll Workers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 17/17	2 FILER NAME Manor, Jeralynn C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00084138
4 Date 11/05/2020	5 Payee name Walker, Cheryl (Ms.)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5146 Kelso St Houston, TX 77021	
8 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 Removal of Campaign Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held