#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081672 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Michelle D. NAME Date Received **ELECTRONICALLY FILED** 07/03/2023 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 90492 MAILING Amount Receipt # **ADDRESS** Houston, TX 77290 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Vanessa L. NAME NICKNAME LAST **SUFFIX** Johnson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2925 Gulf Fwy S., Ste. B **ADDRESS** (Residence or Business) League City, TX 77573 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 507-0787 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 314 Harris

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 11

TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE LAST DAY OF THE REPORTING PERIOD  S. O.C.  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING CONTRIBUTION OF THE REPORTING PERIOD  COURT OF THE REPORTING PERIOD  S. O.C.  CONTRIBUTION S. O							
FROM POLITICAL COMMITTEE(S)    AGRICOHAI PROBE   CAMBRIDGE	13 C / OH NAME	Moore, Michelle D. (N	As.)		(Ethics Commission Filers		
GENERAL COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING (LOAN TOTALS)  6. TOTAL POLITICAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  OF THE REPORTING PERIOD  1 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.  MS. Michelle D. Moore  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	FROM POLITICAL	FROM POLITICAL candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive n					
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE SECONDARY  CONTRIBUTION 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. Lever, or affirm, under penalty of perjury, that the accompanying report is rive and correct and includes all information required to be reported by me under Title 15, Election Code.  MS. Michelle D. Moore  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	Additional Pages	COMMITTEE TYPE TOOMMITTEE NAME					
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TOTALS  OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  S. 3,250.0  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ 0.0  CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS  6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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.  Ms. Michelle D. Moore Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, 20, to certify which, witness my hand and seal of office.			COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
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4. TOTAL POLITICAL EXPENDITURES  \$ 277.6  CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  SEPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY SOLD  OF THE REPORTING PERIOD  1 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.  Ms. Michelle D. Moore  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.	EXPENDITURE	· <del>   </del>					
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LOAN TOTALS  OF THE REPORTING PERIOD  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.  Ms. Michelle D. Moore  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				AST DAY OF THE	\$ 65,636.8		
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.  Ms. Michelle D. Moore  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said				OF THE LAST DAY	\$ 0.0		
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	L7 AFFIDAVII		true and correct and includes al				
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.			Ms. N	Michelle D. Moore			
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	Candidate or Officeho	lder		
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the	day		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	of	, 20, to c	ertify which, witness my hand and seal of office.				
	Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath		

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

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<b>18</b> FII	ER NAM	ME	19 Filer ID	(Ethic	s Commission Filers)
М	oore, M	00081672			
		E SUBTOTALS SCHEDULE		[ s	SUBTOTAL AMOUNT
INA	WIE OF	SCHEDULE			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,250.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	277.65
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	_
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	INS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	367.50
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	849.22
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	2.29	

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCI	HEDULE <i>A</i>	\(J)1
	The Instruction Guide explains how to complete this form.			1 Total pages So Sch: 1/1 Rpt:			
2	FILER NAME Moore, Mich				3 Filer ID (Ethi 00081672	cs Commission	n Filers)
4			7 Amount of Cor	` '	\$2,500.00		
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	l		
	attorney			Attorney			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
		f Julie Brock		N/A			
12	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Cor	ntribution (\$)	
	01/08/2023	Crane, Donald  Contributor address; City; S  Katy, TX 77450	tate; Zip Code				\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1		
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	Law Office o	f Donald Crane		N/A			
	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Cor	ntribution (\$)	
01/23/2023 Schaffer Esq., Joann  Contributor address; City; State; Zip Code					\$250.00		
		Houston, TX 77027					
	Contributor's F	Principal Occupation		Contributor's Job Title	•		
	attorney			Attorney			
			Law firm of contributor's sp	oouse (if any)			
	Law Office o	f Joann Schaffer		N/A			
	If contributor is	s a child, law firm of parent(s) (if a	any)				

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

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

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/11	2 FILER NAME Moore, Michelle D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081672			
4	Date 03/07/2023	5 Payee name Piryx	<b>'</b>			
6	Amount (\$) \$197.80	7 Payee address; City; State; Zip Code 995 Market S San Francisco, CA 94103				
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction fees			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date 01/23/2023	Payee name Piryx				
	Amount (\$) \$20.05	Payee address; City; State; Zip Code 995 Market S San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction fees			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date 01/08/2023	Payee name Piryx				
	Amount (\$) \$39.80	Payee address; City; State; Zip Code 995 Market S				
		San Francisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transaction Fees			
	Complete ONLY if direct expenditure to benefit C/OI	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 2/2 Rpt: 6/11	Moore, Michelle D. (Ms.) 00081672	
4	Date	5 Payee name	
	02/27/2023	Southwest Democrats	
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership dues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
Γ	Date	Payee name	
	01/27/2023	Southwest Democrats	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 2053  Bellaire, TX 77402	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Moore, Michelle D. (Ms.) Sch: 1/1 Rpt: 7/11 00081672 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/19/2023 Easirent Amount (\$) Payee address; State; Zip Code City; 100 SE 20th Street \$110.83 Fort Lauderdale, FL 33316 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Unlimited mileage fee for rental car to travel to NCFJCJ in Dallas, TX 3/19/23-3/22/23 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2023 Priceline Cars-RTI TM Cars Amount (\$) Payee address; City; State; Zip Code \$256.67 800 Connecticut Avenue norfolk, CT 06854 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Rental car for travel to NCFJCJ in Dallas TX 3/19/23-3/22/23 Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

	The Instruction Guide explains how to						
Total pages Schedule I: Sch: 1/2 Rpt: 8/11	2 FILER NAME Moore, Michelle D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081672					
Date 04/04/2023	5 Payee name Costco						
Amount (\$) 62.87	7 Payee Address; City; State; Zip 12405 N Gessner Rd Houston, TX 77064						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Snacks for jurors					
Date	Payee name						
04/05/2023	Costco						
Amount (\$) 30.38	Payee Address; City; State; Zip 12405 N Gessner Rd						
	Houston, TX 77064						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.)  Coffee Creamer and snacks for jurors.					
Date Payee name							
04/05/2023	Discover Credit Card						
Amount (\$) 367.50	Payee Address; City; State; Zip P.O. Box 30943						
	Salt Lake City, UT 84130						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Credit Card Payment	(b) Description (See instructions regarding type of information required.)  Credit Card payment for Rental car and unlimited mileage for rental car.					
Date 03/19/2023	Payee name Easirent						
Amount (\$) 110.83	Payee Address; City; State; Zip 100 SE 20th Street  Fort Lauderdale, FL 33316						
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Transportation Equipment & Related Expense	(b) Description (See instructions regarding type of information required.) Unlimited mileage fee for rental car for travel to NCFJCJ in Dallas TX 3/19/23-3/22/23					

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I: Sch: 2/2 Rpt: 9/11	2 FILER NAME Moore, Michelle D. (Ms.)  3 Filer ID (Ethics Commission Filers 00081672					
4 Date 04/05/2023	5 Payee name Kroger					
6 Amount (\$) 20.97	7 Payee Address; City; State; Zip 8745 Spring Cypress Spring, TX 77379					
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense  (b) Description (See instructions regarding type of information required.) Coffee for jurors.					
Date 04/17/2023	Payee name Priceline Cars-RTI TM Cars					
Amount (\$) 256.67	Payee Address; City; State; Zip 800 Connecticut Avenue norfolk, CT 06854					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Transportation Equipment & Related Expense  (b) Description (See instructions regarding type of information required.) Rental Car fee for travel to NCFJCJ 3/22/23-3/23/2 in Dallas TX.					

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

### SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1			es Schedule K: Rpt: 10/11	
2	2 FILER NAME			3	Filer I	D	(Ethics Commission F	ilers)	
	Moore, Michelle D. (Ms.) 0008			167	'2				
03/20/2023 Chase			Name of person from whom amount is received  Chase  Address of person from whom amount is received; City; State; Zip Code					Amount (\$)	\$0.32
			Houston, TX 77002						
		7		heck if no	litic	al con	l tribi	ution returned to filer	
			Interest						
	Date	Ħ	Name of person from whom amount is received					Amount (\$)	
	01/18/2023		Chase Bank						\$0.39
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			New York, NY 10017						
			Purpose for which amount is received C	heck if po	litic	al con	tribu	ution returned to filer	
			Interest						
	Date	Ī	Name of person from whom amount is received					Amount (\$)	
	02/21/2023		Chase Bank						\$0.39
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			New York, NY 10017						
			Purpose for which amount is received C	heck if po	litic	al con	tribu	ution returned to filer	
			Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	04/10/2023		Chase Bank						\$0.41
		ļ	Address of person from whom amount is received; City; State; Zip Code				"		
			N. V. I. NV 40047						
		L	New York, NY 10017						
			<del></del> -	theck if po	litic	al con	tribu	ution returned to filer	
		L	Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	04/26/2023	<u> </u>	Chase Bank						\$0.35
			Address of person from whom amount is received; City; State; Zip Code						
l									
			Now York NV 10017						
		_	New York, NY 10017						
			<del></del>	theck if po	litic	al con	tribu	ution returned to filer	
			Interest						

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 11/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Moore, Michelle D. (Ms.) 00081672 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 05/24/2023 \$0.43 Chase Bank 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10017 Purpose for which amount is received Check if political contribution returned to filer Interest