CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form. B CANDIDATE / MS / MRS / MR FIRST

FORM C/OH COVER SHEET PG 1

The C/OH Instru	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00062850 2 Total pages filed: 85					
3 CANDIDATE		FIRST		MI	OFFICE	USE ONLY
OFFICEHOLE NAME	The Honorable	Joseph E.			Date Received	OOL ONL!
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/16/2023	
		Moody				
4 CANDIDATE		APT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLE MAILING ADDRESS	P.O. Box 920827				Receipt#	Amount
Change of Ad	dress El Daco TV 70002					
Change of Ac	dress El Paso, TX 79902				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Maggie Morale	es			
	NICKNAME	LAST		SUFFIX		
	MICKIVAIVIE	Moody		SUFFIX		
		Wioddy				
6 CAMPAIGN	STREET ADDRESS (N	IO DO BOY DI EASE):	A D	T / SUITE #; CITY	· CT	ATE; ZIP CODE
TREASURER		NO PO BOX PLEASE),	AP	1/3011E#, CIT	, 31	ATE, ZIP CODE
ADDRESS	200 Fuesia Dei 30i					
(Residence or Bus						
	El Paso, TX 79912					
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	(915) 581-2113					
PHONE	(0-0) 00					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		ampaign treasurer
		Oth day hafana			appointment (of	• •
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)
9 PERIOD	Month Day	Year		Month Day	Year	
COVERED	01/01/2023	TH	HROUGH	06/30/202	23	
10 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year F	Primary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	Γ (if known)	
	State Representative				(
	· ·			•		
		GO 1	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 85

13 C / OH NAME	Moody, Joseph E. (Tl	ne Honorable)	14 Filer ID (00062850	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this	de without the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 1,491.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 94,453.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 246,065.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			der penalty of perjury, that the accincludes all information required to on Code.	
			he Honorable Joseph E. Moo	
		Si	ignature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of	office.	
Signature of office	cer administering	Printed name of officer administeri	ng Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 85				
18 FILE		ME oseph E. (The Honorable)	19 Filer ID 00062850	(Ethics	Commission Filers)
20 SCH NAM	HEDULI ME OF :	SU	IBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,491.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	90,830.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,623.35
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/85		
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	n Filers)
4	Date 06/16/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$100.00	
_	<u> </u>	El Paso, TX 79912					
8	CEO	pation / Job title (See Instructions)		Employer (See Instructions Recovery Alliance	<u></u>		
	Date 06/19/2023	Full name of contributor)		Amount of Contribution (\$)	\$1.00
	Berkeley, CA 94704						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 06/26/2023	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79903					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/26/2023	Grossman, Tyler C Contributor address; City; State; Z)		Amount of Contribution (\$)	\$100.00
	El Paso, TX 79912 Principal occupation / Job title (See Instructions) Executive Director			Employer (See Instructions El Paso Firemen & Polic		nen's Pension Fund	
	Date 06/29/2023	Full name of contributor on Natividad, Pedro Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
			Employer (See Instructions Thomas Medical/Well M				

	MONET	ARY POLITICAL CO	NTRIBUTION	NS		SCHEDUI	_E A1
	The Instruction Guide explains how to complete this form.				I	es Schedule A1: Rpt: 5/85	
2	FILER NAME	eph E. (The Honorable)				(Ethics Commission	on Filers)
4	Date 06/20/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount o	f Contribution (\$)	\$1,000.00	
		Austin, TX 78735					
8	Principal occu	upation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 06/29/2023	Full name of contributor Wolfe, Jan H Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code)	Amount o	f Contribution (\$)	\$15.00
		El Paso, TX 79912					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		

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

Credit Card Payment The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/79 Rpt: 6/85	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	1
	06/13/2023	1st American Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$67.45	5505 N Mesa	
		El Paso, TX 79912	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if trave	l outside of Texas. Complete Schedule T.
	EXPENDITURE	/ tocounting/ Durining	n, TX, officeholder living expense
		Check re-ord	der
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/04/2023	AAA Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, ,	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Storage Unit	t Rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantific to benefit G/OI	'	
	Date	Payee name	
	02/02/2023	AAA Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Storage Unit	і кепіаі
L	0 1: 0		055
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/79 Rpt: 7/85	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	•
	03/06/2023	AAA Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	☐ Check if Aust Storage Uni	in, TX, officeholder living expense
		Storage Offi	t Nemai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide Held
_	Date	Payee name	
	04/03/2023	AAA Self Storage	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
	Ψ 10.00	o 100 Thard	
		El Paso, TX 79912	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description □ Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	in, TX, officeholder living expense
		Storage Uni	t Rental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experiantare to benefit 6/61		
	Date	Payee name	
	05/02/2023	AAA Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Storage Uni	
		Storage Cili	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/Officeholder/Delitical Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/79 Rpt: 8/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/02/2023	AAA Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
		El Paso, TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage Unit Rental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/07/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.49	PO Box 650553
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Telephone Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.47	PO Box 650553
	¥=₹.37.1	
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Telephone Expense
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 4/79 Rpt: 9/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/15/2023	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.00	PO Box 650553
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Telephone expense
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2023	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$395.84	PO Box 650553
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Telephone expense
		текрионе ехрепае
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Dougo nama
	02/07/2023	Payee name AT&T Mobility
		·
	Amount (\$) \$182.67	Payee address; City; State; Zip Code PO Box 650553
	Φ102.07	PO BOX 030333
		D. II TV 75005
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Telephone Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/79 Rpt: 10/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/30/2023	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.41	366 Summer Street
L		Summerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fees
		1 Toolse ing Tools
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/29/2023	Alonti Catering Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$579.11	701 S Lamar
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Committee lunch
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/05/2023	Alonti Catering Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$544.20	701 S Lamar
	, ,	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Committee lunch
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Cara r ayment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 6/79 Rpt: 11/85	Moody, Joseph E. (The Honorable)		00062850
4	Date 06/23/2023	5 Payee name Angry Owl Grill		
6	Amount (\$) \$127.00	7 Payee address; City; State; Zip Coo 4799 N Mesa	le	
		El Paso, TX 79912		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District staff lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
Γ	Date	Payee name	_	
	06/28/2023	Angry Owl Grill		
	Amount (\$) \$73.00	Payee address; City; State; Zip Coo 4799 N Mesa	le	
		El Paso, TX 79912		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch Meeting - Political Issues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
Г	Date	Payee name		
	06/08/2023	Anson II		
	Amount (\$) \$76.00	Payee address; City; State; Zip Coo 303 N Oregon	le	
		El Paso, TX 79901		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting with constituents
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ıht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/79 Rpt: 12/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
	3cm. 1119 Kpt. 12/03	<u> </u>
4	Date	5 Payee name
	04/25/2023	Arnold, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.00	1115 San Jacinto Blvd
		Auctin TV 70701
_		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense SineDie Shirts
		Sineble Stills
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	01/19/2023	Art Fierro Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	11612 Tony Tejeda
	• •	
		El Daca TV 70026
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Contribution
		Totalog Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
	02/25/2023	Aurellia's
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	1620 N Resler
		El Paso, TX 79911
	PURPOSE	In .
	OF	· · · · · · · · · · · · · · · · · · ·
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch Meeting - Legislative Issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/79 Rpt: 13/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/27/2023	Austin Marriott Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$435.07	304 E Cesar Chaves
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging while tending to legislative work
		Loughly While tertuing to legislative work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	03/01/2023	Payee name
		Austin-Bergstrom International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.00	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		Faining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/04/2023	Payee name
		B-17 Bomber Oyster Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	201 S El Paso
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch Meeting - Legislative Issues
		Lunch Meeting - Legislative issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 9/79 Rpt: 14/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date	5 Payee name
	01/06/2023	B-17 Bomber Oyster Pub
6	Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 201 S El Paso El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District staff lunch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2023	B-17 Bomber Oyster Pub
	Amount (\$) \$42.00	Payee address; City; State; Zip Code 201 S El Paso
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Lunch Meeting - Legislative Issues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/25/2023	B-17 Bomber Oyster Pub
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 201 S El Paso
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch Meeting - Legislative Issues
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this fo	rm.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 10/79 Rpt: 15/85	Moody, Joseph E. (The Honorable)			00062850	
4 Date	5 Payee name				
02/24/2023	B-17 Bomber Oyster Pub				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$71.31	201 S El Paso				
	El Paso, TX 79901				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion		
OF EXPENDITURE	Food/Beverage Expense	Check	if travel outsic		plete Schedule T.
LAI LINDITORE		. —		officeholder living	
		Lunch	weeting -	Legislative	issues
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	7ld
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		agni		Office file	eiu
D-t-	Г _				
Date	Payee name				
03/11/2023	Bouldin Acres				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$111.00	1806 W Braker Ln				
	Austin, TX 78758	,			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descript			
EXPENDITURE	Food/Beverage Expense	. —		de of Texas. Com officeholder living	plete Schedule T.
		. –	staff lunc		, - ,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
03/24/2023	CNP Parkside East				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$126.73	301 E 6th Street				
	Austin, TX 78701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	tion		
OF	Food/Beverage Expense			de of Texas. Com	plete Schedule T.
EXPENDITURE		. –		officeholder living	g expense
		Capitol	staff lunc	h	
		<u> </u>			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office h	eld
experience to benefit 0/0					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 11/79 Rpt: 16/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/21/2023	Cabo Bob's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.94	500 E Ben While Blvd
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Committee lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/14/2023	Cantina Laredo
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.00	Love Field Airport
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2023	Cantina Laredo
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.00	Love Field Airport
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner while traveling to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Paym	nent	The Instruction Guide explains how to co	-	ntract Labor this form.	OTHER (enter a	category not listed above)
1 Total pages So	chedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 12/79 R		Moody, Joseph E. (The Honorable)			00062850	
4 Date		5 Payee name				
05/29/2023		Carloss, Karolyne				
6 Amount (\$)		7 Payee address; City; State; Zip Co	ode			
	\$500.00	6706 Columbia Drive				
		Austin, TX 78723				
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITUE	RE	Salaries/Wages/Contract Labor	▎▕▏	Check if travel outsion Check if Austin, TX,		
				gislative Aide	officeriolder living	expense
				giolative 7 hac		
9 Complete ONL	V if direct	Candidate/Officeholder name Office sou	l Iaht		Office he	ald.
expenditure to			ignt		Office fie	au.
Dete		Г_				
Date		Payee name				
03/22/2023		Central Market				
Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$291.19	4477 S Lamar Blvd				
		Austin, TX 78745				
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITUR	RE	Food/Beverage Expense		Check if travel outsi		
	· ·-			Check if Austin, TX,		expense
				ommittee lunch	ı	
Complete ONI	V if direct	Candidate/Officeholder name Office sou	l abt		Office he	ald.
Complete ONL expenditure to			ıgnı		Office ne	eia
Date		Payee name				
01/10/2023		Charles, Michael				
Amount (\$)		Payee address; City; State; Zip Co	ode			
	\$400.00	14904 Via Del Carso Drive				
		Austin, TX 78738				
PURPOSE	:	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITUR	RF	Office Overhead/Rental Expense		Check if travel outside		
EXI ENDITO				Check if Austin, TX,		expense
				pening day pho	otograpny	
			<u> </u>			
Complete <u>ONL</u> expenditure to		Candidate/Officeholder name Office sou	ıght		Office he	eld
одрогината то	Bonone Gro					

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/79 Rpt: 18/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/07/2023	Chili's Grill & Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.26	Dallas-Love Field Airport
		Dallag TV 75005
_		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner while traveling to Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	05/24/2023	Chili's Grill & Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.00	Dallas-Love Field Airport
		Dallas, TX 75235
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Daving same
	06/29/2023	Payee name Chili's Grill & Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.00	Dallas-Love Field Airport
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Dinner while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 14/79 Rpt: 19/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	_
	03/12/2023	Chinatown	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$91.91	2416 E Sixth Street	
		Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
l		Capitol staff dinner	
Ļ	Operation ONLY if dispose	Occasional (Office health and a second secon	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	· 		_
	Date	Payee name	
ᆫ	01/31/2023	Chuy's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	1728 Barton Springs Rd	
l			
L		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Capitol staff lunch	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	₹	
F	Date	Payee name	_
l	06/19/2023	Coffee Emporium	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$100.00	5817 N Mesa	
l		El Paso, TX 79912	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Legislative staff gifts	
L	0 1. 2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 15/79 Rpt: 20/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date	5 Payee name
	01/18/2023	Constant Contact, Inc.
6	Amount (\$) \$47.97	7 Payee address; City; State; Zip Code 1601 Trapelo Rd #329
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense E-Marketing Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	1601 Trapelo Rd #329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		E-Marketing Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2023	Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.94	1601 Trapelo Rd #329
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		E-Marketing Service
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/79 Rpt: 21/85	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		
	05/19/2023	Constant Contact, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le	
	\$47.97	1601 Trapelo Rd #329		
		Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				E-Marketing Service
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	06/20/2023	Constant Contact, Inc.		
	Amount (\$)	Payee address; City; State; Zip Coo	le	
	\$47.97	1601 Trapelo Rd #329		
		Spring 1		
		Waltham, MA 02451		
	PURPOSE		(b)	Description
	OF	Advertising Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, taronising Enpones		Check if Austin, TX, officeholder living expense
				E-Marketing Service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Int	Office held
	Date	Payee name		
	05/26/2023	Cru Wine Bar		
	Amount (\$)	Payee address; City; State; Zip Coc	le	
	\$97.94	238 W 2nd Street		
		Austin, TX 78701		
	PURPOSE OF	, -	(b)	Description Charlett travel autoide of Tourse Complete Schodule T
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/79 Rpt: 22/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/13/2023	Dallas Morning News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.10	1954 Commerce St
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/13/2023	Dallas Morning News
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.10	1954 Commerce Street
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online subscription
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
	Date	Payee name
	01/10/2023	Doc's Backyard
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.00	5207 Brodie Lane Ste 100
		Sunset Valley, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Capitol staff dinner
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/79 Rpt: 23/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/12/2023	Earl Campbell's Tacos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.25	3600 Presidential Blvd
		Austin, TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner while traveling to El Paso
		ggg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Davido namo
	05/27/2023	Payee name Easy Tiger
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1501 E 7th Street
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legislative dinner
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davies asma
	04/01/2023	Payee name El Paso Country Club
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	5000 Country Club Place
		El Paso, TX 79922
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gigi's Gala Event
		3.g. 3 3.d. 2.3
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/79 Rpt: 24/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/26/2023	El Paso County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1401 Montana Ste C
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Dollation
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	El Paso County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1401 Montana Ste C
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Sponsorship of County Party Fundraiser
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2023	El Paso International Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	6701 Convair Rd
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/79 Rpt: 25/85 Moody, Joseph E. (The Honorable) 00062850 4 Date Payee name 05/15/2023 El Paso International Airport 6 Amount (\$) Payee address; City; State; Zip Code \$86.00 6701 Convair Rd El Paso, TX 79925 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking fee at El Paso Airport Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/30/2023 El Paso International Airport Amount (\$) Payee address; City; State; Zip Code \$135.00 6701 Convair Rd El Paso, TX 79925 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking fee at El Paso Airport Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/19/2023 El Paso International Airport Amount (\$) Payee address: City: State; Zip Code \$17.00 6701 Convair Rd El Paso, TX 79925 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking at El Paso Airport Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 21/79 Rpt: 26/85	Moody, Joseph E. (The Honorable) 00062850					
4	Date	5 Payee name					
	06/28/2023	El Paso International Airport					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$21.00	6701 Convair Rd					
		El Paso, TX 79925					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Parking at El Paso Airport					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	03/15/2023	FedEx Office					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$133.86	327 Congress					
	Ψ133.00	027 Congress					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Shipping to El Paso					
	C L CAU V if allocat	Office held					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H					
	Date	Payee name					
	01/09/2023	Fresa's South First					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$588.71	1703 1st Street					
		Austin, TX 78704					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Opening Day Reception					
		Spering Buy Neception					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 22/79 Rpt: 27/85	Moody, Joseph E. (The Honorable) 00062850						
4	Date	5 Payee name						
	06/20/2023	Fresa's South						
6	Amount (\$) \$91.94	7 Payee address; City; State; Zip Code 1703 1st Street Austin, TX 78704						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for legislative meeting						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
	05/08/2023	Gabaldon, Patrick						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	PMB 397						
		500 W University						
El Paso, TX 79968								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Committee gifts						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	04/02/2023	GiGi's Playhouse - El Paso						
	Amount (\$) \$247.47	Payee address; City; State; Zip Code 960 Chelsea						
		El Paso, TX 79925						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Gala Event						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	
	Sch: 23/79 Rpt: 28/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	05/26/2023	Grub Hub	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$130.97	1211 E 5th Street	
		Austin, TX 78702	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Capitol staff lunch	
		Supris Cum Interest	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	05/30/2023	Grub Hub	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$105.20	1211 E 5th Street	
	Ψ100.20	1211 E 301 Sueet	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LA LIBITORE	Conite staff mod	
		Capitol staff meal	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	01/08/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.21	1801 East 51st Street	
		Austin, TX 78723	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Snacks/drinks for Capitol Office	
		Shadikarahina far Sapitar Shibe	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
-	Sch: 24/79 Rpt: 29/85	Moody, Joseph E. (The Honorable) 00062850					
4	Date	5 Payee name					
	01/07/2023	Hampton Inn					
6	Amount (\$) \$388.10	7 Payee address; City; State; Zip Code 2271 W 1-10 Ft. Stockton, TX 79735					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
ľ	OF	Travel Out of District Travel Out of District Travel Out of District					
	EXPENDITURE	Check if Austin, TX, officeholder living expense Lodging while traveling to Austin					
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/17/2023	Hampton Inn					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$258.97	2271 W 1-10					
		Ft. Stockton, TX 79735					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Lodging while traveling to El Paso						
		Loughly while traveling to Err aso					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/03/2023	Hill Country Springs					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9.74	PO Box 2220					
	Ψ3.74	. 5 -5%					
		Manchaca, TX 78652					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Water for Capitol Office					
	Commission ONU V. M. alling .	Condidate/Officeholder come					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	,						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 25/79 Rpt: 30/85	Moody, Joseph E. (The Honorable) 00062850				
4	Date	5 Payee name				
	02/03/2023	Hill Country Springs				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$17.48	PO Box 2220				
		Manchaca, TX 78652				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Water for Capitol Office				
		Water for Capitor Office				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
"	expenditure to benefit C/OI					
⊨	Data					
	Date	Payee name				
L	05/19/2023	Hill Country Springs				
	Amount (\$)	Payee address; City; State; Zip Code				
\$116.43 PO Box 2220						
		Manchaca, TX 78652				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Water for Capitol Office				
		water for Capitor Office				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI					
⊨	Data	Davida marra				
	Date 06/02/2023	Payee name				
L		Hill Country Springs				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$54.72	PO Box 2220				
		Manchaca, TX 78652				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Water for Capitol Office				
1		water for Capitor Office				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		OTHER (enter a category not listed above)				
L	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 26/79 Rpt: 31/85	Moody, Joseph E. (The Honorable)	00062850				
4	Date	5 Payee name					
	05/21/2023	Home Team Sports					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$58.00	6701 Convair Rd					
		El Paso, TX 79925					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	1 Course ende Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		l 	raveling to Austin				
			3				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH	1					
	Date	Payee name					
	05/24/2023	Hughes, Jackson					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3,000.00	27926 Starlight Harbor Ln					
		Fulshear, TX 77441					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Legislative Aide						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	1					
	Date	Payee name					
	06/12/2023	Jackie Arroyo Butler Campaign					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	PO Box 962894					
		El Paso, TX 79996					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made by	utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Candidate/Officeholder/Political Committee Check if Austin, Political Contr					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OH	1					
	rms provided by Tayas E	thice Commission www athics state ty us	Version V2 5 1 a18ea2ca				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 27/79 Rpt: 32/85	Moody, Joseph E. (The Honorable) 00062850			
4	Date	5 Payee name			
	05/09/2023	Jimmy Johns			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$31.43	3203 Red River			
		Austin, TX 78705			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Capitol staff dinner			
		Supitor stair diffici			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
⊨					
	Date	Payee name			
L	03/09/2023	Joe's Bakery & Coffee Shop			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$51.00	2305 East 7th Street			
		Austin, TX 78711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
		Check if Austin, TX, officeholder living expense			
		Breakfast for Capitol staff			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
┡					
	Date	Payee name			
	05/30/2023	Joe's Bakery & Coffee Shop			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	2305 East 7th Street			
		Austin, TX 78711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Breakfast for Clerk's Office and Sergeant's Office			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·			
\vdash					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 28/79 Rpt: 33/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850	
4	Date 03/06/2023	5 Payee name Lazarus Brewing Co.	
6	Amount (\$) \$106.00	7 Payee address; City; State; Zip Code 1902 E 6th Street Austin, TX 78702	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 05/30/2023	Payee name Lazarus Brewing Co.	
	Amount (\$) \$429.31	Payee address; City; State; Zip Code 1902 E 6th Street Austin, TX 78702	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/22/2023	Payee name Legislative Study Group	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 12943	
		Austin, TX 78711	
	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 Membership Dues	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 29/79 Rpt: 34/85	Moody, Joseph E. (The Honorable) 00062850						
4	Date	5 Payee name						
	02/09/2023	Little Shack						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$47.00	2701 N Mesa						
L		El Paso, TX 79902						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		District staff lunch						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
L	expenditure to benefit C/OI							
	Date	Payee name						
	06/16/2023	Little Shack						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.00	2701 N Mesa						
l								
L		El Paso, TX 79902						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if top of Check if to						
	EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Lunch Meeting - Legislative Issues						
L								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
L	experience to benefit ever							
	Date	Payee name						
L	05/17/2023	Michael's						
	Amount (\$) \$216.39	Payee address; City; State; Zip Code						
	\$210.59	14028 N US 183 Hwy						
		Austin, TX 78717						
┝	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Frames for committee gifts						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/79 Rpt: 35/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/02/2023	Moody, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,623.35	7344 Golden Sage Drive
		El Paso, TX 79911
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense Reimbursement for AirBNB
		Troiling alcomone (c) 7 th Birds
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/11/2023	Oddwood Ales
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.00	3108 Manor Rd
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol staff dinner
		Suprior start arriver
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/10/2023	P.Terry's Burger Stand
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.87	204 W Ben White
	φ20.07	204 VV DCII VVIIIIC
		Austin, TX 78704
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol staff dinner
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Committee				Legal Services Frinting Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
Credit Card Payment				The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 2 FI			P FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 31/79 Rpt: 36/85 Moody, J			eph E. (The Ho	norable)					00062850		
4	Date											
	02/21/2023		PCD Brandt	Ltd								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$4,920.00		7355 Remco	on Circle Ste 20	00							
			El Paso, TX	79912								
8	PURPOSE	(a)	Category (so	e Categories listed at t	ho top of this school	dulo)	(b)	Description				
	OF	`´		nead/Rental Ex		uuie)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			·				—		officeholder livin	g expense	
								District Office	re	nt		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	01/16/2023		PGA Tour G	irill								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$22.00		6713 Conva	ir Rd								
			El Paso, TX	79925								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sched	dule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								Lunch while t				
Complete ONLY if direct			Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/23/2023		PGA Tour G	rill								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$60.00		6713 Conva	ir Rd								
			El Paso, TX	79925								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this scher	dule)	(b)	Description				
	OF EXPENDITURE	` `		age Expense	top or time correc				outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							_		officeholder livin		
								Lunch while t	rav	eling to Aus	stin	
_	Complete ONLY if alias -t	Ļ	Condidate /Offi	abaldar	0.5	ffice asset	ab+			Office !-	old	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	enoluer name	Of	ffice sou	ynt			Office h	eiu	
_	-											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/79 Rpt: 37/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/06/2023	PGA Tour Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	6713 Convair Rd
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner while traveling to Austin
		Diffici while traveling to Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	02/13/2023	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6713 Convair Rd
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch while traveling to Austin
		Eurich while travelling to Austri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/27/2023	Payee name
		PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.00	6713 Convair Rd
		El Paso, TX 79925
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch while traveling to Austin
		Edition write daveling to Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 33/79 Rpt: 38/85	Moody, Joseph E. (The Honorable)	00062850
4 Date	5 Payee name	•
03/27/2023	PGA Tour Grill	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$106.00	6713 Convair Rd	
	El Paso, TX 79925	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Breakfast while traveling to Austin
		200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
04/03/2023	PGA Tour Grill	
Amount (\$)	Payee address; City; State; Zip Code	•
\$46.00	6713 Convair Rd	
	El Paso, TX 79925	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast while traveling to Austin
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/29/2023	Page, Sabrina	
Amount (\$)	Payee address; City; State; Zip Code	3
\$500.00	1100 W Monroe Street	
,		
	Austin, TX 78704	
PURPOSE) Description
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Solitatic East	Check if Austin, TX, officeholder living expense
		Committee Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
experiulture to benefit C/O	11	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/79 Rpt: 39/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/09/2023	Panera Bread
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.26	4625 W William Cannon
		Austin, TX 78749
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Capitol staff meal
		Supitor stair mean
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	01/30/2023	Pappadeaux Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal while traveling to Austin
		Wed Wille travelling to Austri
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	04/21/2023	Payee name Parkside East Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch while traveling to El Paso
		Lution write travelling to Et Faso
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File
Sch: 35/79 Rpt: 40/85	Moody, Joseph E. (The Honorable)		00062850
4 Date	5 Payee name		
06/19/2023	Pho Tre Bien		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$70.00	6946 Gateway Blvd E		
	El Paso, TX 79915		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel o	outside of Texas. Complete Schedule T.
LAI LINDITORE			TX, officeholder living expense
		Lunch Meeting	g - Legislative Issues
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		giit	Office field
D-t-			
Date	Payee name		
04/27/2023	Photographic Design		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$449.00	2730 Second Street		
	Hurricane, WV 25526		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense
		House panora	
		•	·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
03/06/2023	Pueblo Viejo		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$39.69	2027 S Lamar Blvd		
	Austin, TX 78704		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Food/Beverage Expense		outside of Texas. Complete Schedule T.
EXPENDITURE	- 1 dod/2010/dge Expense		TX, officeholder living expense
		Capitol staff m	neal
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	••		

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/79 Rpt: 41/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/08/2023	Re-Elect Judge Lyda Ness Garcia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	705 Texas
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/10/2023	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code 6608 La Cadena Dr
	\$4,000.00	6608 La Cadena Di
	!	
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	!	Chief of Staff
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	· ·
-	Date	Payee name
	03/06/2023	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	6608 La Cadena Dr
	Ψ230.00	0000 La Cadella Di
		FL Door TV 70010
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chief of Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/79 Rpt: 42/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/29/2023	Sahualla, Ellic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	6608 La Cadena Dr
		El Paso, TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Chief of Staff
		Silier of Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/18/2023	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	6608 La Cadena Dr
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expenses.
		Check if Austin, TX, officeholder living expense Chief of Staff
		Critici of Stan
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/18/2023	Sahualla, Ellic
		·
	Amount (\$) \$239.98	Payee address; City; State; Zip Code
	\$239.98	6608 La Cadena Dr
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for airfare
		Temparsement for anare
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Lega	l Services Instruction Guide expla		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 38/79 Rpt: 43/85	Moody, Joseph	E. (The Honorable)					00062850	
4	Date	5 Payee name							
	02/18/2023	Sahualla, Ellic							
6	Amount (\$)	7 Payee address;	City; St	ate; Zip Co	ode				
	\$239.98	6608 La Caden	a Dr						
		El Paso, TX 79	912						
8	PURPOSE OF	(a) Category (See Ca	tegories listed at the top of this	s schedule)	(b)	Description			
	EXPENDITURE	Travel Out of D	istrict			=		de of Texas. Com officeholder living	
						Reimburseme			expense
						rtonnibaroonit	0111	Tor arraro	
9	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/O		siao: mamo	000 000	·9···			000	
	Date	Payee name							
	02/18/2023	Sahualla, Ellic							
_	Amount (\$)	Payee address;	City; St	ate; Zip Co	nde				
	\$426.98	6608 La Caden	<i>,</i>	, _,, -,,					
	Ψ-20.50	cood La Gadei	ia 51						
		El Paso, TX 79	912						
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of D	istrict			=		de of Texas. Com officeholder living	
						Reimburseme			expense
						rteimbarseint	CIIC	ioi airiaic	
\vdash	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	<u>I</u> ıght			Office he	eld
	expenditure to benefit C/O	1			3				
	Date	Payee name							
	01/18/2023	Saxon Pub							
	Amount (\$)	Payee address;	City; St	ate; Zip Co	ode				
	\$48.00	3600 President							
		Austin, TX 787	19						
	PURPOSE	(a) Category (See Ca	tegories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage	Expense					de of Texas. Com	
						Lunch while t		officeholder living	
						Lunch wille t	ıav	ening to El P	asu
_	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	<u>l</u> ıght			Office he	eld
	expenditure to benefit C/OI				5				

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	-	te this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 39/79 Rpt: 44/85	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		-
	01/25/2023	Saxon Pub		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$62.00	3600 Presidential Blvd		
		Austin, TX 78719		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				Lunch while traveling to El Paso
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	02/02/2023	Saxon Pub		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$30.00	3600 Presidential Blvd		
		Austin, TX 78719		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Lunch while traveling to El Paso
				Lunch while haveling to Li Faso
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		JIIL	Office field
	Data	D		
	Date 02/16/2023	Payee name Saxon Pub		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$35.00	3600 Presidential Blvd		
		Austin, TX 78719		
	PURPOSE OF	, (************************************	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch while traveling to El Paso
				3
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	<u> </u>	-	

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 40/79 Rpt: 45/85	Moody, Joseph E. (The Honorable)		00062850
4 Date	5 Payee name		<u> </u>
02/22/2023	Saxon Pub		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$60.00	3600 Presidential Blvd		
	Austin, TX 78719		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Dinner while traveling to El Paso
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ı abt	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ıgnı	Office field
Doto			
Date 03/01/2023	Payee name		
	Saxon Pub		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$30.00	3600 Presidential Blvd		
	Austin, TX 78719		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Meal while traveling to El Paso
			oao a arog to <u>a</u> rr doo
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ight	Office held
expenditure to benefit C/O		J	
Date	Payee name		
03/30/2023	Saxon Pub		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$70.00	3600 Presidential Blvd	Juo	
Ψ10.00	5550 Freshderman Biva		
	Austin, TX 78719		
PURPOSE		(h)	Description
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Lunch while traveling to El Paso
		L	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
expenditure to benefit C/O	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1:	
	Sch: 41/79 Rpt: 46/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/07/2023	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$69.00	3600 Presidential Blvd
		Auctin TV 79710
		Austin, TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch while traveling to El Paso
		Edition willing to Envisor
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
9	expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2023	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.00	3600 Presidential Blvd
		Austin, TX 78719
_	DUDDOSE	In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	05/20/2023	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.00	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/79 Rpt: 47/85	Moody, Joseph E. (The Honorable) 00062850
4 Date	5 Payee name
05/05/2023	Scholz Garten
6 Amount (\$) \$82.00	7 Payee address; City; State; Zip Code 1607 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/09/2023	Shell
Amount (\$) \$51.45	Payee address; City; State; Zip Code 13542 US-90
	Austin, TX 78737
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 03/13/2023	Payee name Shell
Amount (\$) \$45.96	Payee address; City; State; Zip Code 13542 US-90
	Austin, TX 78737
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Co	mmission Filers)
Sch: 43/79 Rpt: 48/85	Moody, Joseph E. (The Honorable)		00062850	
4 Date	5 Payee name	•		
04/06/2023	Shoal Creek Saloon			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$103.00	909 N Lamar Blvd			
	Austin, TX 78703			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	Check if travel ou	tside of Texas. Complete Schedul	e T.
LXI LINDITORE			X, officeholder living expense	
		Capitol staff lui	псп	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		gnt	Office field	
Dete	Т -			
Date 05/16/2023	Payee name Shoal Creek Saloon			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$86.32	909 N Lamar Blvd			
	Austin, TX 78703			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		_
EXPENDITURE	Food/Beverage Expense	—	itside of Texas. Complete Schedul TX, officeholder living expense	e I.
		Capitol staff m		
		-		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
05/17/2023	Snarf's Sandwiches			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$123.40	1404 S 1st Street			
	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		tside of Texas. Complete Schedul	e T.
EXPENDITURE		ш	X, officeholder living expense	
		Capitol staff m	eal	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
	•			

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 44/79 Rpt: 49/85	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		-
	01/19/2023	Southwest Airlines		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$11.20	PO Box 36649		
		Dallas, TX 75235		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Security fee for staff
_	Complete ONLY if direct	Condidate/Officeledday years	4	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	01/23/2023	Southwest Airlines		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.60	PO Box 36649		
		Dallas, TX 75235		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Security fee for staff
				occurry for for stair
	Complete ONLY if direct	Candidate/Officeholder name Office sout	aht	Office held
	expenditure to benefit C/O	,	,	
	Date	Payee name		
	01/25/2023	Southwest Airlines		
	Amount (\$)	Payee address; City; State; Zip Coo	40	
	\$11.20	PO Box 36649	ue	
	Ψ11.20	1 C Box 30043		
		Dallas, TX 75235		
	PURPOSE OF	, ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Security fee for staff
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
_				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 45/79 Rpt: 50/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission File 00062850	ers)
4	Date 01/31/2023	5 Payee name Southwest Airlines	
6	Amount (\$) \$11.20	7 Payee address; City; State; Zip Code PO Box 36649 Dallas, TX 75235	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/15/2023	Payee name Southwest Airlines	
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649 Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Seurity fee for staff	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/21/2023	Payee name Southwest Airlines	
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649	
		Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/79 Rpt: 51/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
L	02/22/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Security fee for staff
		Coounty fee for Stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/27/2023	Southwest Airlines
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Security fee for staff
		Security fee for stair
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/16/2023	Southwest Airlines
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
	φο.σσ	1 0 Box 00043
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Security fee for staff
L		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	S. portantare to benefit 0/01	•
L		

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

Credit Card Payment	The Instruction Guide explains how to co	implete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission	Filers)
Sch: 47/79 Rpt: 52/85	Moody, Joseph E. (The Honorable)	00062850	
4 Date	5 Payee name	•	
03/20/2023	Southwest Airlines		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$244.98	PO Box 36649		
	Dallas, TX 75235		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE		Check if Austin, TX, officeholder living expense	
		Airfare	
O Complete ONLY if direct	Condidate/Officeholder name Office ac	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight Office held	
Date	Payee name		
03/20/2023	Southwest Airlines		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5.60	PO Box 36649		
	Dallas, TX 75235		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Security fee for staff	
		,	
Complete ONLY if direct	Candidate/Officeholder name Office sou	I Ight Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
03/24/2023	Southwest Airlines		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$11.20	PO Box 36649	· 	
·			
	Dallas, TX 75235		
PURPOSE	·	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Traver Out or District	Check if Austin, TX, officeholder living expense	
		Security fee for staff	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held	
expenditure to benefit C/O			

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/79 Rpt: 53/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	03/29/2023	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Security fee for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	04/03/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	PO Box 36649
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Security fee for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
_	Date	Payee name
	04/07/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
	, , , , ,	
		Dallas, TX 75235
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Security fee for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioralie to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 49/79 Rpt: 54/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	_
	04/18/2023	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.60	PO Box 36649	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Security fee for staff	
		Security fee for starr	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
H	Date	Payee name	_
	04/20/2023	Southwest Airlines	
L			_
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649	
	Φ5.00	PO B0X 30049	
		D. II TV 75005	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Security fee for staff	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г	Date	Payee name	_
	04/24/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5.60	PO Box 36649	
		Dallas, TX 75235	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Security fee for staff	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	y	
\vdash			_

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1: Sch: 50/79 Rpt: 55/85	2 FILER NAME Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 05/01/2023	5 Payee name Southwest Airlines	
6	Amount (\$) \$16.80	7 Payee address; City; State; Zip Code PO Box 36649 Dallas, TX 75235	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
	Date 05/05/2023	Payee name Southwest Airlines	
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649 Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date 05/08/2023	Payee name Southwest Airlines	
	Amount (\$) \$11.20	Payee address; City; State; Zip Code PO Box 36649	
		Dallas, TX 75235	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 51/79 Rpt: 56/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	04/13/2023	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.60	PO Box 36649	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Security fee for staff	
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_			
	Date	Payee name	
	05/21/2023	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.20	PO Box 36649	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Security fee for staff	
		Security lee for stair	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	D .		
	Date	Payee name	
	04/19/2023	Starbucks Coffee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.35	533 Executive Center Blvd	
		El Paso, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Breakfast for District staff meeting	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 52/79 Rpt: 57/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	03/20/2023	Starbucks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.60	6701 Convair Rd	
		El Paso, TX 79925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Breakfast while traveling to Austin	
		breaklast write traveling to Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
L			
	Date	Payee name	
	03/22/2023	Taco Deli Rosedal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$244.30	4200 Lamar	
		Austin, TX 78756	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Committee breakfast	
		Golffinite of Stockhoot	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Data	Davies name	
	Date 05/10/2023	Payee name Taco Deli Rosedal	
	05/10/2023		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.51	4200 Lamar	
L		Austin, TX 78756	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Committee breakfast	
		Committee breakiast	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/79 Rpt: 58/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/17/2023	Taco Deli Rosedal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.51	4200 Lamar
		Austin, TX 78756
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Committee breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	05/23/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.66	901 E 5th Street
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Committee gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/03/2023	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.26	8712 Shoal Creek Blvd
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense Committee gifts
		Committee girts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/79 Rpt: 59/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/21/2023	Texas House Caucus Climate Environment & Energy Industry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 301074
		Austin, TX 78703
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
		Monisorian Bude
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/15/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	PO Box 2910
		Austin, TX 78768
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/04/2023	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.34	105 W 15th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flags for Constituents
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/79 Rpt: 60/85	Moody, Joseph E. (The Honorable)
4	Date	5 Payee name
	02/15/2023	Texas Women's Health Caucus
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/29/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.48	109 E 7th Street
	Ψ-130	100 E Till Olicet
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging while tending to legislative work
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/04/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
	+0,.001E1	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Lodging during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in District
Travel Out of District
OTHER (onter a cate

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/79 Rpt: 61/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/04/2023	The Element Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for Ellic Sahualla during session
		Loughing for Eine Sundaila during 30351011
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/07/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		\[\times \times \text{Check if Austin, TX, officeholder living expense} \] \[\text{Lodging during session} \]
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/07/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for Ellic Sahualla during session
		Loughing for Ellic Sandalla during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	,
•	Sch: 57/79 Rpt: 62/85	Moody, Joseph E. (The Honorable)
Ļ	•	
4	Date	5 Payee name
L	03/07/2023	The Element Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
Ļ	DUDDOGE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Lodging during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
L	•	
	Date	Payee name
	03/07/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for Ellic Sahualla during session
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
L		
	Date	Payee name
L	04/05/2023	The Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,780.21	109 E 7th Street
		Austin, TX 78701
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District X Check if Austin, TX, officeholder living expense
		Lodging during session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 58/79 Rpt: 63/85		Moody, Jose	eph E. (The Ho	onorable)					00062850		
4	Date	5	Payee name									
	04/05/2023		The Elemen	t Austin								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$3,780.21		109 E 7th St	reet								
			Austin, TX 7	8701								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of			,		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE							—		officeholder living		
								Lodging for E	:IIIC	Sahualla di	uring session	
_		L										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	05/04/2023		The Elemen	t Austin								
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$3,780.21		109 E 7th St	reet								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District				=			plete Schedule T.	
								Check if Austin, Lodging durin		officeholder living	g expense	
									.9 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						3					
_	Date		Payee name									
	05/04/2023		The Elemen	t Austin								
	Amount (\$)		Payee addres		State:	; Zip Co	dь					
	\$3,780.21		109 E 7th St	-	State,	, Zip C0	uc					
	40,100.22		100 2 7 117 0									
			Austin, TX 7	97 01								
	DUDDOCE	⊢				1	(h)	Description				
	PURPOSE OF	(a)	Travel Out of	e Categories listed at	the top of this sch	edule)	(n)	Description Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		riavei Out o	DISTRICT						officeholder living		
								Lodging for E	llic	Sahualla dı	uring session	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
L	expenditure to benefit C/OI	H —										

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 59/79 Rpt: 64/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	03/27/2023	The Pizza Joint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$190.00	7000 Westwind
		El Paso, TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		District staff meal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2023	The Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	922 W 12th
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol staff lunch
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/22/2023	The Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	922 W 12th
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch Meeting - Legislative Issues
		Eurion Meeting Legislative issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	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 Filer)	ers)
	Sch: 60/79 Rpt: 65/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	03/16/2023	The Tavern	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	922 W 12th	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Capitol staff lunch	
		Suprici stair turicii	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
F	Date	Payee name	
	04/05/2023	The Tavern	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.00	922 W 12th	
		Austin, TX 78703	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Dinner with Legislators	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	04/20/2023	The Tavern	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.00	922 W 12th	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Capitol staff lunch	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/79 Rpt: 66/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/19/2023	The Tavern
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	922 W 12th
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol staff lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/22/2023	The Tavern
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	922 W 12th
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol staff lunch
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/20/2023	Townsend, Pam
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,800.00	PO Box 3007
		Carlsbad, NM 88221
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Accounting/Preparing CFR
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide e.	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 62/79 Rpt: 67/85	Moody, Jose	eph E. (The Honorat	ole)				00062850	
4	Date	5 Payee name							
	03/17/2023	U.S. Postal	Service - Mesa Hills	Station					
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode				
	\$176.00	5981 N Mes	a						
		El Paso, TX	79902						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overl	nead/Rental Expense	е		므		de of Texas. Com officeholder living	
						PO Box Rent		officeriolder living	гелрепас
9	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	<u>I</u> ught			Office he	eld
L	expenditure to benefit C/OI	1							
	Date	Payee name							
	02/07/2023	Uber Eats							
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$63.13	1455 Marke	t Street						
		San Francis	co, CA 94103						
	PURPOSE OF	(a) Category (Se	e Categories listed at the top of	of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bevera	age Expense			=		de of Texas. Com officeholder living	
						Capitol staff of			
						·			
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	-							
	Date	Payee name		-					
	02/28/2023	Uber Eats							
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$26.46	1455 Marke	t Street						
		San Francis	co, CA 94103						
	PURPOSE	(a) Category (Se	e Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Com	
						Capitol staff of		officeholder living	expense
						Supilor start	a 1 1 1 1 1		
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				J				

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

	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 63/79 Rpt: 68/85	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		
	03/04/2023	Uber Eats		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$55.00	1455 Market Street		
		San Francisco, CA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Capitol staff dinner
_	Operation ONLY # discort	Overallidada (Official Indiana and Indiana		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
_	5.			
	Date	Payee name		
	03/20/2023	Uber Eats		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$52.59	1455 Market Street		
		San Francisco, CA 94103		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	03/23/2023	Uber Eats		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$34.27	1455 Market Street		

		San Francisco, CA 94103		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
				Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	ft/Awards/Memorials gal Services he Instruction G	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	EII ER NIAME						3	Filer ID	(Ethics Commis	ssion Filers)
Ĺ	Sch: 64/79 Rpt: 69/85	ı	Moody, Josep	h E. (The Ho	norable)					00062850	(Edilos Comillis	
4	Date	5	Payee name									
	03/30/2023		Uber Eats									
6	Amount (\$) \$40.97	ı	Payee address 1455 Market	-	State;	; Zip Co	de					
			San Francisco	o, CA 94103								
8	PURPOSE	(a)	Category (See	Categories listed at t	the ton of this sche	edule)	(b)	Description				
	OF		Food/Beverag		are top or time cont				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·	,				Check if Austin,	, TX,	officeholder living	g expense	
								Capitol staff of	dinr	ner		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	04/03/2023		Uber Eats									
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$62.94		1455 Market	Street		·						
	Ţ0 <u>_</u>			J. 301								
			San Francisc	o, CA 94103								
	PURPOSE OF	(a)	Category (See	Categories listed at t	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	ge Expense				\Box			plete Schedule T.	
								Capitol staff of		officeholder living	j experise	
								Capitor stair t	AII II	ici		
	- I	<u>_</u>										
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	nolder name		Office sou	gnt			Office he	eia	
	Date		Payee name									
	05/01/2023		Uber Eats									
	Amount (\$)		Payee address	; City;	State;	Zip Co	de					
	\$96.89		1455 Market									
			San Francisc	o, CA 94103								
	PURPOSE OF		Category (See		the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverag	ge Expense							plete Schedule T.	
								Capitol staff of		officeholder living	g expense	
								σαμιίοι δίαι! (ATT TÍ	ICI		
_	0 1. 0	<u> </u>	2 11 12 12 12									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	noider name	C	Office sou	gnt			Office he	eid	
	onponantire to benefit 6/01	•										
						_			_			

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total nagge Schodule F1:		_
	Total pages Schedule F1: Sch: 65/79 Rpt: 70/85	Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Collinission Filers) 00062850	
4	Date	5 Payee name	
	05/15/2023	Uber Eats	
6	Amount (\$) \$41.28	7 Payee address; City; State; Zip Code 1455 Market Street San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/16/2023	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.53	1455 Market Street	
	DUDDOCE	San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	_
	05/24/2023	Uber Eats	
	Amount (\$) \$66.36	Payee address; City; State; Zip Code 1455 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 66/79 Rpt: 71/85	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	01/03/2023	Uber Pass	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	555 Market Street	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Travel Out of District	f travel outside of Texas. Complete Schedule T.
		1	f Austin, TX, officeholder living expense Detection subscription
		Obe. pre	Stocker Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		5.1165 1.616
_	Date	Payee name	
	01/31/2023	Uber Pass	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	555 Market Street	
	Ψ0.00	oss manor sussi	
		San Francisco, CA 94105	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check in	ON f travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out of District	f Austin, TX, officeholder living expense
		Uber pro	otection subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/01/2023	Uber Pass	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Traver out or bistrict	f travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		f Austin, TX, officeholder living expense
		Ober pro	otection subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ere)
Ė	Sch: 67/79 Rpt: 72/85	Moody, Joseph E. (The Honorable) Grant NAME 00062850	
4	Date	5 Payee name	
	06/13/2023	Uber Pass	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.99	555 Market Street	
		San Francisco, CA 94105	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Uber protection subscription	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Date	Davies name	
	01/09/2023	Payee name Uber	
_			
	Amount (\$) \$14.11	Payee address; City; State; Zip Code 555 Market Street	
	Φ14.11	333 Ividi Net Stieet	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Transportation to Capitol	
		Transportation to Suprior	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/09/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.00	555 Market Street	
		Con Francisco CA 04405	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation from Capitol	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 68/79 Rpt: 73/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/10/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.16	555 Market Street
		San Francisco, CA 94105
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Capitol staff dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/10/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.38	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Transportation to airport
		Transportation to disport
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/11/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation to Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/79 Rpt: 74/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/24/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.00	555 Market Street
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to lunch meeting
		Transportation to functioneeting
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.04	555 Market Street
		San Francisco, CA 94105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to Capitol
		Transportation to Supitor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.01	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation to legislative dinner
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District 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: 70/79 Rpt: 75/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date 01/24/2023	5 Payee name Uber
6	Amount (\$) \$14.00	7 Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from legislative dinner
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/31/2023	Payee name Uber
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from legislative meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/07/2023	Payee name Uber
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 555 Market Street
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from Capitol
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 71/79 Rpt: 76/85	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	_
	02/07/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
U	\$24.00	555 Market Street	
	Ψ24.00	333 Market Street	
		San Francisco, CA 94105	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation to legislative dinner	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
•	expenditure to benefit C/OI		
	Data		_
	Date	Payee name	
	02/08/2023	Uber	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Transportation to airport			
		Transportation to airport	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Data		_
	Date	Payee name	
	03/16/2023	Uber	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$76.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Transportation home from airport	
		Transportation nom an port	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1:	
	Sch: 72/79 Rpt: 77/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/06/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	555 Market Street
		San Francisco, CA 94105
_		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation to Capitol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/13/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	555 Market Street
		San Francisco, CA 94105
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation from legislative dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida nama
	Date	Payee name
	04/19/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation to airport
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	<u> </u>			
	Sch: 73/79 Rpt: 78/85	Moody, Joseph E. (The Honorable) 00062850			
4	Date	5 Payee name			
	05/05/2023	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$16.49	555 Market Street			
		San Francisco, CA 94105			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	_/	Check if Austin, TX, officeholder living expense Transportation from legislative meeting			
		Transportation from legislative meeting			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/OI				
⊨	Date	Davisa sama			
	05/18/2023	Payee name Uber			
┡					
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.07	555 Market Street			
L		San Francisco, CA 94105			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Transportation from legislative meeting			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/24/2023	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.00	555 Market Street			
		San Francisco, CA 94105			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Transportation to legislative dinner			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·			
\vdash					

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 74/79 Rpt: 79/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date 05/25/2023	5 Payee name Uber
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to airport
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name Uber
	Amount (\$) \$19.00	Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for staff dinner
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name Uber
	Amount (\$) \$43.00	Payee address; City; State; Zip Code 555 Market Street
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to airport
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Fees Office Offi

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: 75/79 Rpt: 80/85	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date 06/19/2023	5 Payee name Uber
6	Amount (\$) \$53.00	7 Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from airport
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/28/2023	Payee name Uber
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from airport
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/29/2023	Payee name Vargas, Justin
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 2400 Nueces St Apt 1430
		Austin, TX 78705
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol Aide
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/79 Rpt: 81/85	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/23/2023	Velvet Taco
6	Amount (\$) \$54.00	7 Payee address; City; State; Zip Code 522 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol staff lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2023	Velvet Taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	E 6th Street & Congress
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Velvet Taco
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.00	E6th Street & Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Conital staff diagram
		Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 77/79 Rpt: 82/85	Moody, Jos	eph E. (The Honor	able)				00062850	
4	Date	5 Payee name							
	04/10/2023	Velvet Tac)						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$28.65	E6th Street	& Congress						
		Austin, TX	78701						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Food/Beve	rage Expense			_		de of Texas. Com officeholder living	plete Schedule T.
						Capitol staff of			у схропос
						•			
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	Н							
	Date	Payee name							
	05/29/2023	Wetsel, Ra	chel						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$1,000.00	300 West A	venue #2320						
		Austin, TX	78701						
	PURPOSE OF		ee Categories listed at the to		(b)	Description			
	EXPENDITURE	Salaries/W	ages/Contract Labo	or		=		officeholder living	plete Schedule T. gexpense
						Committee C			
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	-							
	Date	Payee name							
L	01/03/2023	Zoom Vide	o Communications	Inc					
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$15.98	55 Almade	n Blvd 6th Floor						
L		San Jose,	CA 95113						
	PURPOSE		ee Categories listed at the to		(b)	Description			
	OF EXPENDITURE	Office Over	head/Rental Exper	nse				de of Texas. Com officeholder living	plete Schedule T.
									& officeholder meetings
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politic Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 78/79 Rpt: 83/85	Moody, Joseph E. (The Honorable) 00062850
4 Date	5 Payee name
02/02/2023	Zoom Video Communications Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.98	55 Alamaden Blvd 6th Floor
	San Jose, CA 95113
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Zoom account for campaign & officeholder meetings
	250m abbount for bampaign a binocholder meetings
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H · · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/21/2023	Zoom Video Communications Inc
Amount (\$)	Payee address; City; State; Zip Code
\$17.04	55 Alamaden Blvd 6th Floor
	San Jose, CA 95113
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Zoom account for campaign & officeholder meetings
	250m abbount for bampaigh a binderiolaer meetings
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/03/2023	Zoom Video Communications Inc
Amount (\$)	Payee address; City; State; Zip Code
\$17.04	55 Alamaden Blvd 6th Floor
Ψ17.04	33 Alamaden Biva oth 1 1001
	San Jose, CA 95113
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Chypothypian Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Zoom account for campaign & officeholder meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 79/79 Rpt: 84/85	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	05/02/2023	Zoom Video Communications Inc	
6	Amount (\$) \$17.04	7 Payee address; City; State; Zip Code55 Alamaden Blvd 6th Floor	
		San Jose, CA 95113	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nt for campaign & officeholder meetings
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/02/2023	Zoom Video Communications Inc	
	Amount (\$) \$17.04	Payee address; City; State; Zip Code 55 Alamaden Blvd 6th Floor San Jose, CA 95113	
	DUDDOCE		
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nt for campaign & officeholder meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 85/85 Moody, Joseph E. (The Honorable) 00062850 Date Payee name 04/02/2023 Airbnb, Inc. 6 Amount (\$) Payee address; City; State; Zip Code 888 Brannan St \$3,623.35 Reimbursement from political contributions intended Χ San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF X Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Lodging in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH