### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form	()	2 Total pages file 97	
		00062850		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE U	ISE ONLY
NAME	The Honorable Joseph E.		Date Received	
			ELECTRONICA	LLY FILED
	NICKNAME LAST	SUF	01/15/2024	
		30F		
	Moody			
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; ZIP C	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 920827			
ADDRESS			Receipt #	Amount
Change of Address	El Basa TX 70002			
	El Paso, TX 79902		Date Processed	
			Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRST	MI	_	
TREASURER NAME	Ms. Maggie Mo	rales		
	NICKNAME LAST	SUFF	v	
		SUF	^	
	Moody			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	E); APT / SUITE #;	CITY; STA	TE; ZIP CODE
TREASURER ADDRESS	285 Puesta Del Sol			
(Residence or Business)	El Paso, TX 79912			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	(915) 581-2113			
PHONE	(0-0) 000			
8 REPORT				
TYPE	X January 15 30th day be	efore election Runoff	15th day after car	npaign treasurer
			appointment (offic	
	July 15 Sth day bef	ore election Exceeded modifie	d Final Report (Attac	ch C/OH-FR)
		reporting limit		
9 PERIOD	Month Day Year	Month	Day Year	
COVERED	07/01/2023	THROUGH 12	31/2023	
10 ELECTION	ELECTION DATE	ELECTION 1	/PE	
	Month Day Year	Primary Runoff	Other	
	11/07/2023			
		General Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE S	OUGHT (if known)	
	State Representative District 78 El Pa	so		
	G	O TO PAGE 2		
Forms provided by Te	exas Ethics Commission www	v.ethics.state.tx.us	Versio	on V3.5.1.0f381ab6

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 97

13 C / OH NAME	Moody, Joseph E. (TI	he Honorable)	14 Filer ID (E 00062850	Ethics Commission Filers)
<b>15</b> NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or officeh	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 18,232.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		<b>\$</b> 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 56,467.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 211,598.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honor	rable Joseph E. Mood	y
			Candidate or Officehold	
AFFIX NOT	TARY STAMP / SEAL ABO	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of				
Signature of offic	er administering	Printed name of officer administering	Title of officer a	administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	Ň	/ersion V3.5.1.0f381ab6

รเ	JBT		ORM C/OH SHEET PG 3 3 of 97		
18 FILE Mo		ME oseph E. (The Honorable)	<b>19</b> Filer ID 00062850	(Ethics Co	ommission Filers)
		E SUBTOTALS SCHEDULE	I	SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,232.00
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 CONTRIBUTION	S	\$	52,202.03
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,265.13
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 TO FILER	RETURNED	\$	

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 1/4 Rpt: 4/97	
2	FILER NAME			L	Filer ID (Ethics Commissio	n Filers)
-		eph E. (The Honorable)			00062850	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/19/2023	Chacon, Jessica Bylo				\$1.00
		6 Contributor address; City; State; Zip Code		1		
		Berkeley, CA 94704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/19/2023					\$1.00
		Contributor address; City; State; Zip Code				
		Dertraley, CA 04704				
	Dringinal ago	Berkeley, CA 94704	Employer (Soo Instructions	<u> </u>		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	<b>D</b> -+		<u> </u>	1	1	
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢100.00
	07/05/2023					\$100.00
		Contributor address; City; State; Zip Code				
		El Paso, TX 79925				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)		
	F	,		-,		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/18/2023	Hunt, Woody L				\$5,000.00
		Contributor address; City; State; Zip Code		$\mathbf{I}$		
		El Paso, TX 79913				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Executive Cl	hairman	Hunt Companies, Inc.			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/12/2023	Ivory, Gary				\$100.00
	Contributor address; City; State; Zip Code					
		El Paso, TX 79932				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed				

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/97
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ph E. (The Honorable)	00062850	
4	Date	5 Full name of contributor out-of-state PAC (	ID#:)	7 Amount of Contribution (\$)
	12/13/2023	Kilpatrick, Timothy		\$100.00
		6 Contributor address; City; State; Zip Code		
		El Paso, TX 79912		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
⊨	Date	Full name of contributor Out-of-state PAC (	ID#:)	Amount of Contribution (\$)
	07/18/2023	Lopez, Rogelio	ID#)	\$500.00
	01110/2023			
		Contributor address; City; State; Zip Code		
		EL Pasa TX 70012		
⊢	Deine in all a sec	El Paso, TX 79912		-)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Date	Full name of contributor 🛛 out-of-state PAC (	ID#:)	Amount of Contribution (\$)
	12/12/2023	McCallum, Richard		\$100.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79912		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Physician		Texas Tech University	
	Date	Full name of contributor X out-of-state PAC (	ID#: C00225342 )	Amount of Contribution (\$)
	12/26/2023	McGuire Woods Federal PAC Fund		\$500.00
		Contributor address; City; State; Zip Code		
		Richmond, VA 23219		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
⊨	Date	Full name of contributor Out-of-state PAC (	<u> </u>	Amount of Contribution (\$)
	12/12/2023	Medici, Patricia	ισπ)	\$25.00
	12/12/2020			
		Contributor address; City; State; Zip Code		
		El Paso, TX 79902		
⊢	Dringing occur		Employor (See Instruction	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
$\vdash$				

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/97	
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)	
	ph E. (The Honorable)	00062850	,	
4 Date	5 Full name of contributor X out-of-state PAC (ID#:	000097485)	7 Amount of Contribution (\$)	
10/05/2023	Merck & Co., Inc. Employees PAC			\$1,000.00
	6 Contributor address; City; State; Zip Code			
	Washington, DC 20004			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/12/2023	Natividad, Pedro			\$250.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79904			
	pation / Job title (See Instructions)	Employer (See Instructions		
Nurse Practi	ioner	Thomas Medical/Well M	ed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2023	Oncor Texas PAC of Oncor Electric Delivery Ad	ministration Corp.		\$2,000.00
	Contributor address; City; State; Zip Code			
Drizzinal acou	Dallas, TX 75202	Employer (Coo Instructions		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>i)</i>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/13/2023	Ramirez, Julio		,	\$5.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
	1			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/03/2023	Sads, Beatrie			\$50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79915			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )	

#### SCHEDULE A1

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	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/97	
2	FILER NAME				2	Filer ID (Ethics Commissio	on Filers)
		ph E. (The Honorable)	00062850				
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/16/2023	Texas Nurse Practitioners	PAC				\$1,000.00
		6 Contributor address; City; St	ate: Zip Code				
		Austin, TX 78735					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	<u>.</u> 5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/15/2023	Texas Trial Lawyers Asso					\$5,000.00
		Contributor address; City; St			1		
		Austin, TX 78701					
-	Bringinal occu		)	Employor (Soo Instructions	<u> </u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions						
⊨	Date	Full name of contributor	X out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	10/10/2023	United Health Group PAC		)			\$1,000.00
	10/10/2023						φ1,000.00
		Contributor address; City; St	ate; Zip Code				
		Washington DC 20004					
		Washington, DC 20004	、		Ĺ		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date	Full name of contributor			Г	Amount of Contribution (\$)	
	12/26/2023	Vistra Employees PAC	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
	12/20/2023						φ1,500.00
		Contributor address; City; St	ate; Zip Code				
		Irving, TX 75039					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
ĺ							
1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Od/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
-	Sch: 1/89 Rpt: 8/97	Moody, Joseph E. (The Honorable)	00062850			
4	Date 07/03/2023	Payee name AAA Self Storage				
6	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5400 Hurd El Paso, TX 79912				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Rental			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/03/2023	AAA Self Storage				
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5400 Hurd				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Rental			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/05/2023	AAA Self Storage				
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5400 Hurd				
		El Paso, TX 79912				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Rental			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 2/89 Rpt: 9/97	Moody, Joseph E. (The Honorable)	00062850			
4	Date 10/03/2023	5 Payee name AAA Self Storage				
6	Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 5400 Hurd El Paso, TX 79912				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>Rental</b>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/02/2023	AAA Self Storage				
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5400 Hurd				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Rental			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	12/04/2023	AAA Self Storage				
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 5400 Hurd				
		El Paso, TX 79912				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>Rental</b>			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Office Overhe Polling Expen Printing Exper Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
Ļ		The Instruction Guide exp	lains now to comp	ete this form.	1	
1	Total pages Schedule F1: Sch: 3/89 Rpt: 10/97	ILER NAME loody, Joseph E. (The Honorable	e)		3     Filer ID     (Ethics Commission Filers)       00062850	
4	Date	ayee name			1	
	08/04/2023	T&T Mobility				
6	Amount (\$) \$193.10	ayee address; City; S PO Box 650553 Dallas, TX 75265	State; Zip Code			
_						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t Office Overhead/Rental Expense	his schedule) (b)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense XPENSE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
	09/08/2023	T&T Mobility				
	Amount (\$)	ayee address; City;	State; Zip Code			
	\$193.10	PO Box 650553 Dallas, TX 75265				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t Office Overhead/Rental Expense	his schedule) (b)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought		Office held	
	Date	ayee name				
	10/03/2023	T&T Mobility				
	Amount (\$) \$193.13	ayee address; City; S O Box 650553	State; Zip Code			
		allas, TX 75265				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t Office Overhead/Rental Expense	his schedule) (b)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense XPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Imittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	head/F ense bense ages/C	Reimbursement Rental Expense contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Sabadula E1:	1		e explaine	11000 10 00.	Ipicit		2		(Ethias Commission Filors)
1	Total pages Schedule F1: Sch: 4/89 Rpt: 11/97		FILER NAME Moody, Joseph E. (The Hono	rable)				3	Filer ID 00062850	(Ethics Commission Filers)
4	Date	5	Payee name							
	11/21/2023		AT&T Mobility							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$168.77		PO Box 650553							
			Dallas, TX 75265							
8	PURPOSE	<u> </u>				(h) r				
0	OF		Category (See Categories listed at the f		edule)	(0) L T	Description	nutsi	de of Texas. Comple	ete Schedule T
	EXPENDITURE		Office Overhead/Rental Expe	lise		F			officeholder living e	
						Т	- elephone ex	фе	nse	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	Iht			Office held	1
	Date		Payee name							
	12/11/2023		AT&T Mobility							
	Amount (\$)		Payee address; City;	State:	Zip Coo	ł۵				
	\$173.15		PO Box 650553	State,	, 20 000					
	φ175.15		FO D0X 030333							
			Dallas, TX 75265							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	( <b>b)</b> [	Description			
	OF EXPENDITURE		Office Overhead/Rental Expe	nse		Ē			de of Texas. Comple	
	-					Ļ	_		officeholder living e	xpense
						I	elephone ex	the	lise	
			andidate (Office helder response						Office held	4
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Ľ	Office soug	Int			Office held	1
	Date		Payee name							
	07/01/2023		AT&T Mobility							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		_		
	\$194.34		PO Box 650553							
			Dallas, TX 75265							
	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	edule)	(b) [	Description			
	OF		Office Overhead/Rental Expe			Γ		outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITURE					Ē	Check if Austin,	ΤX,	officeholder living e	xpense
						Т	elephone ex	фе	nse	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht			Office held	t
	expenditure to benefit C/OI	H								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 5/89 Rpt: 12/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 12/31/2023	Payee name     ActBlue Technical Services						
6	Amount (\$) \$24.98	<ul> <li>Payee address; City; State; Zip Code</li> <li>366 Summer Street</li> <li>Summerville, MA 02144</li> </ul>						
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ees from 7/1/23 to 12/31/23					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/05/2023	Airbnb, Inc.						
	Amount (\$) \$255.85	Payee address; City; State; Zip Code 888 Brannan St						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ng special session					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/26/2023	Alma Trejo Campaign						
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 8900 Viscount						
		El Paso, TX 79925						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense rribution					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting 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: 6/89 Rpt: 13/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 11/09/2023	5 Payee name Aloft Austin Downtown						
6	6 Amount (\$) \$551.61 7 Payee address; City; State; Zip Code 109 East 7th Street Austin, TX 78701							
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Lodging in Austin while in session							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
08/11/2023 Angry Owl Grill								
	Amount (\$)Payee address;City;State;Zip Code\$125.004799 N Mesa							
		El Paso, TX 79912						
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense INCh					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/20/2023	Angry Owl Grill						
	Amount (\$) \$27.00	Payee address; City; State; Zip Code 4799 N Mesa						
		El Paso, TX 79912						
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense g - Legislative issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 7/89 Rpt: 14/97		Noody, Joseph E. (The Honorable)		00062850				
4	Date 12/12/2023	5 Payee name Ay Caramba Tacos Y Carnitas							
6	6 Amount (\$) \$30.00 FI Paso, TX 79902								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Lunch meeting - Political issues									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht	Office held				
	Date		Payee name						
	07/28/2023		3-17 Bomber Oyster Pub						
	Amount (\$) \$50.00		Payee address; City; State; Zip Cod 201 S El Paso	e					
			El Paso, TX 79901						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>(</b> Food/Beverage Expense	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ng - Campaign Issues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht	Office held				
	Date	I	ayee name						
	10/02/2023	1	- I7 Bomber Oyster Pub						
	Amount (\$) \$25.00		Payee address; City; State; Zip Cod 201 S El Paso	e					
			El Paso, TX 79901						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Good/Beverage Expense	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ng - Political issues				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office soug	ht	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)					
-	Sch: 8/89 Rpt: 15/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 10/05/2023	<ul> <li>Payee name</li> <li>B-17 Bomber Oyster Pub</li> </ul>						
6	6       Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$33.00       201 S El Paso       El Paso, TX 79901							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting - Legislative issues								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/13/2023	B-17 Bomber Oyster Pub						
	Amount (\$) \$38.00	Payee address;City;State;ZipCode201 S El Paso						
	DUDDOSE	El Paso, TX 79901						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense - Legislative issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/09/2023	B-17 Bomber Oyster Pub						
	Amount (\$) \$26.00	Payee address;City;State;Zip Code201 S El Paso						
		El Paso, TX 79901						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense - Legislative issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 9/89 Rpt: 16/97	Moody, Joseph E. (The Honorable)		00062850					
4	Date 11/22/2023	5 Payee name B-17 Bomber Oyster Pub							
6	6 Amount (\$) \$59.00 FI Paso, TX 79901 7 Payee address; City; State; Zip Code 201 S El Paso El Paso, TX 79901								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense District staff lunch									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held					
	Date	Payee name							
	11/29/2023	B-17 Bomber Oyster Pub							
	Amount (\$)	Payee address; City; State; Zip Coo	le						
	\$50.00	201 S El Paso El Paso, TX 79901							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>nCh</b>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held					
	Date	Payee name							
	12/14/2023	B-17 Bomber Oyster Pub							
	Amount (\$) \$40.00	Payee address; City; State; Zip Coo 201 S El Paso	le						
		El Paso, TX 79901							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense g - Legislative issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	ht	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 10/89 Rpt: 17/97	Moody, Joseph E. (The Honorable)	00062850						
4	Date 12/21/2023	5 Payee name B-17 Bomber Oyster Pub							
6 Amount (\$) \$35.00 7 Payee address; City; State; Zip Code 201 S El Paso El Paso, TX 79901									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Lunch meeting - Legislative issues									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/31/2023	Blacks BBQ							
	Amount (\$)Payee address;City;State;Zip Code\$56.641003 Barton Springs Rd								
		Austin, TX 78704							
	PURPOSE OF EXPENDITURE		ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense iff lunch						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/07/2023	Buffalo Wild Wings							
	Amount (\$) \$100.00	Payee address;City;State;Zip Code655 Sunland Park Drive							
		El Paso, TX 79912							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense ff lunch						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Exp Contributions/ Donations Made By - Gft/Awards/Memorials Expense Printing Exp					oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 11/89 Rpt: 18/97		Moody, Joseph E. (The Honorable)				00062850	
4	Date	5	Payee name					
	12/18/2023		Buffalo Wild Wings					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$59.74		655 Sunland Park Drive					
			El Paso, TX 79912					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF		Food/Beverage Expense	uuic)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5				, officeholder living expense	
					Dinner meeti	ng	- Political issues	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ht		Office held	
	Date		Payee name					
	09/08/2023		Cafe Blue					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
\$80.19 340 E 2nd Street								
			Austin, TX 78701					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Capitol staff			
-	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	iht		Office held	
	expenditure to benefit C/OI				,			
_	Date		Payee name					
	11/05/2023		Campos, Yasmin					
	Amount (\$)			Zip Co	10			
	\$500.00		PO Box 290489	Zip Cu	ie			
	\$500.00		FO B0X 230403					
			El Paso, TX 79929					
	PURPOSE	(a)			(b) Description			
	OF	("	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)	· · ·	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Onice Overnead/Rental Expense				, officeholder living expense	
					Photography			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Of	ffice sou	Iht		Office held	
	expenditure to benefit C/OI	Η						
-								

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards nmittee Legal Servi	age Expense /Memorials Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	2				piero	2	Filer ID	(Ethics Commission Filers)	-
1	Sch: 12/89 Rpt: 19/97		Moody, Joseph E. (	The Honorable)				00062850		
4	Date	5	Payee name				•			
	12/18/2023		Chick-fil a							
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Cod	e				
	\$34.07		503 W Martin Luthe	r King						
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule) (	b) Description				
	OF EXPENDITURE		Food/Beverage Exp	ense				de of Texas. Comp		
								officeholder living	expense	
						Capitol staff ı	nea	ิลเ		
						L.4		0111		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office hel	ld	
	Date		Payee name							
09/13/2023			Chinatown							
	Amount (\$)		Payee address; C	ity; State;	Zip Cod	e				
\$82.91			2416 E Sixth Street	-						
			Austin, TX 78702							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule) (	b) Description				
	OF EXPENDITURE		Food/Beverage Exp	ense				de of Texas. Comp		
						Capitol staff I		officeholder living	expense	
						Capitol Stall I	nea	ai		
	Complete ONLY if direct		andidate/Officeholder	namo (	Office soug	ht		Office hel	Id	_
	expenditure to benefit C/O		andidate/Oncentitier	name C	Since Soug	int int		Onice her		
	Date		Payee name							
	08/24/2023		Circle K							
-	Amount (\$)		Payee address; C	ity; State;	Zip Cod	e				_
	\$57.11		2200 N Mesa	-						
			El Paso, TX 79902							
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sch	edule)	b) Description				
	OF EXPENDITURE		Travel In District					de of Texas. Comp		
								officeholder living		
						Fuel for trave	ei in	iout of distric	t for legislative issues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	ht		Office hel	ld	
	on portantare to benefit 0/01	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Overhead/Rental Expense Transportation Equipment & Re Polling Expense Travel in District Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not li				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 13/89 Rpt: 20/97		Moody, Joseph E. (The Honorable)				00062850	
4	Date	5	Payee name					
	07/19/2023		Constant Contact, Inc.					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$55.44		1601 Trapelo Rd #329					
			Waltham, MA 02451					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
					E-Marketing		, officeholder living expense	
					E-marketing	Sei	Vice	
9	Complete ONLY if direct		candidate/Officeholder name C	)ffice sou	ıht		Office held	
Ū	expenditure to benefit C/OI							
	Date		Payee name					
	08/21/2023		Constant Contact, Inc.					
_	Amount (\$)	-	Payee address; City; State;	Zip Co	le			
	\$55.44 1601 Trapelo Rd #329							
			Waltham, MA 02451					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
					E-Marketing		, officeholder living expense	
						Jei	VICE	
	Complete ONLY if direct		candidate/Officeholder name C	)ffice sou	iht		Office held	
	expenditure to benefit C/OI							
	Date		Payee name					
	09/19/2023		Constant Contact, Inc.					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$55.44		1601 Trapelo Rd #329					
			·					
			Waltham, MA 02451					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
	-				E-Marketing		, officeholder living expense	
						Jei	VICE	
-	Complete ONLY if direct		andidate/Officeholder name C	Office sou	iht		Office held	
	expenditure to benefit C/Oł				p it			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 14/89 Rpt: 21/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 10/19/2023	5 Payee name Constant Contact, Inc.						
6	Amount (\$)     7 Payee address; City; State; Zip Code     1601 Trapelo Rd #329     Waltham, MA 02451							
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>E-Marketing Service</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
11/20/2023 Constant Contact, Inc.								
	Amount (\$)Payee address;City;State;Zip Code\$55.441601 Trapelo Rd #329							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Service					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/19/2023	Constant Contact, Inc.						
	Amount (\$) \$55.44	Payee address;City;State;Zip Code1601 Trapelo Rd #329						
		Waltham, MA 02451						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Service					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CA	<b>\TEGOR</b>	RIES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	ent & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Eth	nics Commission Filers)
	Sch: 15/89 Rpt: 22/97		Moody, Joseph E. (The Honoral	ble)			-	00062850	· · · · · · · · · · · · · · · · · · ·
4	Date 09/22/2023		Payee name Crawdaddy's						
6	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Cod	0			
U	\$56.00		212 Cincinnati Ave El Paso, TX 79902	State,	210 000	C			
8	PURPOSE	(a)		f this cohe		b) Description			
	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Lunch meeting - Legislative issues</li> </ul> </li> </ul>						nse		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office held	
	Date	Ē	Payee name				-		
	08/22/2023		Criminal Justice Reform Caucus	S					
Amount (\$) Payee address; City; State; Zip Code									
	\$300.00		PO Box 920827 El Paso, TX 79902		-				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	of this sche	edule)			de of Texas. Complete s officeholder living expe	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	O	Dffice soug	ht		Office held	
	Date	Π	Payee name						
	09/15/2023		Doordash Inc.						
	Amount (\$)	┢	Payee address; City;	State;	Zip Cod	е			
	\$9.99	1	303 2nd Street Ste 800		•				
			South Street Tower						
			San Francisco, CA 94107						
	DUDDOCE					the destant			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	of this sche	edule)		, тх,	de of Texas. Complete S officeholder living expe	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	O	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					Transportation Equipment & Related Expense Travel in District	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 16/89 Rpt: 23/97		Moody, Joseph E. (The Honorable)				00062850	
4	Date	5	Payee name			•		
	10/16/2023		Doordash Inc.					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$9.99		303 2nd Street Ste 800					
			South Street Tower					
			San Francisco, CA 94107					
_								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		de ef Teuros, Convoluto Colocitado T	
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. officeholder living expense	
					Subscription			
					Casconption			
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held	
5	expenditure to benefit C/OF				gin		Onice neid	
	Date		Payee name					
	11/15/2023		Doordash Inc.					
Amount (\$) Payee address; City; State; Zip Code								
\$9.99 303 2nd Street Ste 800								
			South Street Tower					
			San Francisco, CA 94107					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.	
							officeholder living expense	
					Subscription	tee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	Candidate/Officeholder name	Office sou	gnt		Office held	
	Date							
	12/15/2023		Payee name Doordash Inc.					
				. 7' -	-1			
	Amount (\$)			; Zip Co	ae			
	\$9.99		303 2nd Street Ste 800					
			South Street Tower					
			San Francisco, CA 94107					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.	
							officeholder living expense	
					Subscription	ree		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Transportation Travel in Distri Travel Out of E	
1	Total pages Schedule F1:	2 FILEF	NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 17/89 Rpt: 24/97		ly, Joseph E. (The Hon	orable)			00062850	
4	Date 11/08/2023	5 Payee Earl (	e name Campbell's Tacos					
6	Amount (\$) \$19.36	Payee address;       City;       State; Zip Code         3600 Presidential Blvd       Austin, TX 78719						
8	PURPOSE OF EXPENDITURE		ory (See Categories listed at th /Beverage Expense	e top of this sch	edule)	Check if Austir	l outside of Texas. Co n, TX, officeholder livin raveling to El P	ng expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	C	Office soug	ht	Office I	held
	Date	Payee	e name					
	12/05/2023	Earl (	Campbell's Tacos					
	Amount (\$) \$19.36	2	e address; City; Presidential Blvd	State;	; Zip Coo	le		
		Austi	n, TX 78719					
	PURPOSE OF EXPENDITURE		ory (See Categories listed at th /Beverage Expense	e top of this sch	edule)	Check if Austir	l outside of Texas. Co n, TX, officeholder livin raveling to El P	ng expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	C	Office soug	ht	Office I	held
	Date	Payee	e name					
	10/18/2023	Eastv	vood High School Spee	ech & Deba	ate			
	Amount (\$) \$103.75		address; City; McRae Blvd	State;	; Zip Coo	le		
		El Pa	so, TX 79925					
	PURPOSE OF EXPENDITURE	Conti	ory (See Categories listed at th ibutions/Donations Ma idate/Officeholder/Polit	de By	,	Check if Austir	l outside of Texas. Co n, TX, officeholder livii Dr Eastwood H	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	(	Office sou	ht	Office I	held

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 18/89 Rpt: 25/97		Moody, Joseph E. (The Honorable)				00062850	
4	Date 07/14/2023		Payee name El Paso Airport					
6				odo				
0	Amount (\$) \$39.00		Payee address; City; State; Zip Code 6701 Convair Rd El Paso, TX 79925					
0	DUDDOSE	<u> </u>		(h)	Description			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel Out of District			TX,	le of Texas. Complete Schedule T. officeholder living expense t	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office so	ught			Office held	
	Date		Payee name					
	11/11/2023		El Paso County Democratic Party					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$750.00		1401 Montana Ste C El Paso, TX 79902					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)			le of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ught			Office held	
	Date		Payee name					
	11/20/2023		El Paso County Democratic Party					
-	Amount (\$)	$\vdash$	Payee address; City; State; Zip C	ode				
	\$200.00		1401 Montana Ste C					
			El Paso, TX 79902	_				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense ent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office so	ught			Office held	

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense //Awards/Memorials Expense Printing Expense		d/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 19/89 Rpt: 26/97		Moody, Joseph E. (The Honorable)					00062850	
4	Date	5	Payee name						
	08/22/2023		Element Austin Downtown						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
-	\$356.37	-	109 E 7th St						
			Austin, TX 78701						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b)	Description			
Ĩ	OF		Travel Out of District	eaule)	(~)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense	
							usti	n while tending to legislative	
						business			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	07/28/2023		Epic Railyard						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$42.00		2201 E Mills Ave						
			El Paso, TX 79901						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	nutsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense					, officeholder living expense	
						Judge Moody	/ fu	ndraiser	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office held	
	Date		Payee name						
	08/26/2023		Epic Railyard						
-	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$18.00		2201 E Mills Ave	·					
			El Paso, TX 79901						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						Make-a-Wish			
-	Complete ONLY if direct	L(	Candidate/Officeholder name O	office sou	ght			Office held	
	expenditure to benefit C/OH								
-									

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
-	Sch: 20/89 Rpt: 27/97		Moody, Joseph E. (The Honorable)				00062850
4	Date	5	Payee name				
	07/01/2023		Erin Zwiener for Texas House				
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	е		
	\$1,000.00		PO Box 184				
			Driftwood, TX 78619				
8	PURPOSE				b) Description		
Ũ	OF		Category (See Categories listed at the top of this schedu Contributions/Donations Made By	iule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committ	tee	Check if Austir	ı, ТХ,	, officeholder living expense
					Political cont	riub	otion
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Off	fice soug	ht		Office held
	Date		Payee name				
	08/02/2023		Fresa's South				
	Amount (\$)		Payee address; City; State;	Zip Coo	e		
	\$43.29		1703 1st Street				
	+						
			Austin, TX 78704				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schede Food/Beverage Expense	lule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense al
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Off	fice soug	ht		Office held
	Date		Payee name				
	09/11/2023		Fresh Gyro Halal				
	Amount (\$)		Payee address; City; State;	Zip Coo	e		
	\$59.99		548 Nueces Street				
			Austin, TX 78701				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	b) Description		
	OF EXPENDITURE		Food/Beverage Expense			n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense al
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)				
	Sch: 21/89 Rpt: 28/97	Moody, Joseph E. (The Honorable)	00062850				
4	Date	Payee name					
	09/03/2023	GGiGi's Playhouse - El Paso					
6	Amount (\$) \$257.80	Payee address; City; State; Zip Code 960 Chelsea El Paso, TX 79925					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/07/2023	Galaxy Cafe					
	Amount (\$) \$62.61	Payee address; City; State; Zip Code 1000 West Lynn					
		Austin, TX 78703					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense eal				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/26/2023	Gemelli Spa & Beauty Bar					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 7456 Cimmaron Market Ave					
		El Paso, TX 79911					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense t				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awar mittee Legal Se	verage Expense rds/Memorials Expense	Office Overhea Polling Expens Printing Exper Salaries/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	-ILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 22/89 Rpt: 29/97	Moody, Joseph E.	(The Honorable)			-	00062850
4	Date 08/07/2023	Payee name GiGi's Playhouse ·	- El Paso				
6	Amount (\$) \$2,500.00	Payee address; 960 Chelsea El Paso, TX 79925		e; Zip Code			
8	PURPOSE OF EXPENDITURE	Contributions/Don	pries listed at the top of this sch pations Made By polder/Political Comm	,			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (	Office sought			Office held
	Date 09/03/2023	Payee name GiGi's Playhouse ·	- El Paso				
	Amount (\$) \$100.00	Payee address; 960 Chelsea El Paso, TX 79925		e; Zip Code			
	PURPOSE OF EXPENDITURE	Contributions/Don	ories listed at the top of this sch lations Made By lolder/Political Comm				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name (	Office sought			Office held
	Date 10/26/2023	<sup>p</sup> ayee name Grub Hub Fresas					
	Amount (\$) \$105.35	1211 E 5th Street	5.	e; Zip Code			
	PURPOSE OF EXPENDITURE	Austin, TX 78702 Category <sub>(See Catego</sub> Food/Beverage E>	pries listed at the top of this sch XPENSE	nedule) (b)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense al
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	er name (	Office sought			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
1	Sch: 23/89 Rpt: 30/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 07/05/2023	Payee name Hill Country Springs						
6	Amount (\$) \$9.74	7 Payee address; City; State; Zip Code PO Box 2220 Manchaca, TX 78652						
8	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense Capitol Office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/02/2023	Hill Country Springs						
	Amount (\$) \$9.74	Payee address; City; State; Zip Code PO Box 2220						
	PURPOSE	Manchaca, TX 78652						
	OF		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Capitol Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/05/2023	Hill Country Springs						
	Amount (\$) \$9.74	Payee address;     City;     State;     Zip     Code       PO Box 2220  <						
		Manchaca, TX 78652						
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Capitol Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	n Repayment/Reimburser ce Overhead/Rental Expe ing Expense ating Expense aries/Wages/Contract Lab to complete this form	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 24/89 Rpt: 31/97	loody, Joseph E. (The Honorable)		00062850					
4	Date 10/04/2023	ayee name Iill Country Springs							
6	Amount (\$) \$29.48	<ul> <li>Payee address; City; State; Zip Code</li> <li>PO Box 2220</li> <li>Manchaca, TX 78652</li> </ul>							
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Cood/Beverage Expense	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense r Capitol Office					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held					
	Date	Payee name							
	11/02/2023	lill Country Springs							
	Amount (\$) \$29.48	Payee address; City; State; Zi PO Box 2220	p Code						
	DUDDOCE	Ianchaca, TX 78652							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule cood/Beverage Expense	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense r Capitol office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held					
	Date	ayee name							
	12/04/2023	ill Country Springs							
	Amount (\$) \$9.74	vayee address; City; State; Zi PO Box 2220	o Code						
		Ianchaca, TX 78652							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Cood/Beverage Expense	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense r Capitol office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offic	e sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2 F	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/89 Rpt: 32/97	l r	Moody, Joseph E. (The Honora	able)				00062850	
4	Date	5 F	Payee name						
	09/06/2023		lome Slice Pizza						
6	Amount (\$)	7 F	Payee address; City;	State;	Zip Co	le			
	\$45.25	1	415 South Congress						
		,	Austin, TX 78704						
8	PURPOSE OF		Category (See Categories listed at the to	p of this sch	edule)	(b) Description			
	EXPENDITURE	F	Food/Beverage Expense					ide of Texas. Comple , officeholder living e	
						Capitol staff			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office held	d
	Date	F	Payee name						
	10/09/2023	+	lome Slice Pizza						
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le			
	\$109.15	1	415 South Congress						
		,	Austin, TX 78704						
	PURPOSE OF		Category (See Categories listed at the top	p of this sch	edule)	(b) Description			
	EXPENDITURE	F	Food/Beverage Expense					ide of Texas. Comple , officeholder living e	
						Capitol staff			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ht		Office held	d
	Date	F	Payee name						
	12/19/2023	+	looks Epstein Galleries						
	Amount (\$)	F	Payee address; City;	State;	Zip Co	le			
	\$1,000.00		2631 Colquitt						
		ŀ	louston, TX 77098						
	PURPOSE	(a) (	Category (See Categories listed at the to	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expens	e				ide of Texas. Compl	
	-							, officeholder living e pson commis	
							J		Sion portiait
-	Complete ONLY if direct	L Ci	andidate/Officeholder name	C	Office soug	ht		Office held	d
	expenditure to benefit C/OI							2	-
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 26/89 Rpt: 33/97		Moody, Joseph E. (The Honorable)				00062850			
4	Date 08/16/2023		Payee name Hope & Anchor							
6	Amount (\$) \$89.00	7	<ul> <li>Payee address; City; State; Zip Code</li> <li>4012 N Mesa</li> <li>El Paso, TX 79902</li> </ul>							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Event Expense	dule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense ndraiser			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office held			
	Date		Payee name							
	10/26/2023		Horizon Printing & Mailing							
	Amount (\$) \$92.70		Payee address; City; State; 2111 Grand Avenue Parkway	Zip Coo	e					
	PURPOSE OF EXPENDITURE		Austin, TX 78728 Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	dule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense /e materials			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ht		Office held			
	Date		Payee name							
	07/11/2023		Hotel Paso Del Norte							
	Amount (\$) \$15.12		Payee address; City; State; 10 Henry Trost Court	Zip Coo	e					
			El Paso, TX 79901	i						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Event Expense	dule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense lative event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			

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 hittee Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries/	verhea Expens Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense
1	Total pages Schedule F1:	2	-II FR NAME				3	Filer ID (	Ethics Commission Filers)
-	Sch: 27/89 Rpt: 34/97		Moody, Joseph E. (The Honorable)					00062850	
4	Date	5	Payee name						
	08/17/2023		Hub Cap Grill						
6	Amount (\$) \$15.00		Payee address; City; Si 7800 Airport Blvc Houston, TX 77061	tate; Zip C	ode				
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	- aabadula)	(b)	Description			
0	OF		Food/Beverage Expense	s schedule)	()	Check if travel	, TX,	de of Texas. Comple officeholder living ex ling to El Paso	kpense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ought			Office held	1
	Date		Payee name						
	10/19/2023		Hut's Hamburgers & Bar						
	Amount (\$)		Payee address; City; Si	tate; Zip C	ode				
	\$59.00		3600 Presidential Blvd Austin, TX 78719						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Food/Beverage Expense	sschedule)	(b)	Check if Austin	, TX,	de of Texas. Comple officeholder living ex ling to El Pasc	kpense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office so	ught			Office held	1
	Date		Payee name						
	11/29/2023	.	Jackie Arroyo Butler Campaign						
	Amount (\$)		Payee address; City; Si	tate; Zip C	ode				
	\$500.00		PO Box 962894						
			El Paso, TX 79996						
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	mmittee			, TX,	de of Texas. Comple officeholder living ex I <b>tion</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Office so	ught			Office held	1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expens	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 28/89 Rpt: 35/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 12/19/2023	Payee name Jennifer Ann's Group						
6	Amount (\$) \$500.00	Payee address;       City;       State;       Zip Code         2554 Drew Valley Rd       Atlanta, GA 30319       Atlanta, GA 30319						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Annual Gala</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/16/2023	JewBoy Burgers						
	Amount (\$) \$92.48	Payee address; City; State; Zip Code 5111 Airport Blvd Austin, TX 78751						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol staff dinner					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/01/2023	Kona Grill						
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 8889 Gateway Blvd						
		El Paso, TX 79925						
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch Meeting - Legislative Issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking Insulting Expense Intributions/ Donations Made By - Candidate/Officeholder/Political Committee			Event Expense     Loan Repayme       Fees     Office Overhea       Food/Beverage Expense     Polling Expens       Gitt/Awards/Memorials Expense     Printing Expens       Legal Services     Salaries/Wage					Solicitation/Fundi Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment a	& Related Expense
1	Total pages Schedule F1:	12 F							3	Filer ID	(Ethics	Commission Filers)
-	Sch: 29/89 Rpt: 36/97			ph E. (The H	lonorable)				5	00062850	(Ethios	
4	Date 12/28/2023		ayee name Cona Grill									
6	Amount (\$) \$180.00	8	ayee addres 889 Gatewa I Paso, TX	ay Blvd	State	; Zip Coo	de					
8	PURPOSE OF EXPENDITURE			rage Expense				Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting with legislators				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF											
	Date	P	ayee name									
	07/18/2023	1	Little Shack									
	Amount (\$)	P	ayee addres	s; City;	State	; Zip Co	de					
	\$25.00	2	701 N Mesa El Paso, TX	a		, .						
	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 Lunch Meeting - Legislative Issues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Offic	eholder name	C	Office sou	ght			Office he	ld	
	Date	P	ayee name									
	11/21/2023	L	ittle Shack									
	Amount (\$) Payee address; City; State; Zip Code \$30.00 2701 N Mesa											
	El Paso, TX 79902											
	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  District staff lunch					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office					ght Office held				

			EXPEND	ITURE CATEGOR	RIES FOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Expense norials Expense on Guide explains I	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
-	Sch: 30/89 Rpt: 37/97		Moody, Joseph E. (The	e Honorable)				00062850	
4	Date 12/11/2023		Payee name Little Shack						
6	Amount (\$) \$30.00		Payee address; City; 2701 N Mesa El Paso, TX 79902	State;	Zip Cod	9			
8	PURPOSE OF EXPENDITURE		Category <sub>(See Categories lis</sub> Food/Beverage Expen		edule) (I		ı, TX,	de of Texas. Comp officeholder living Campaign is	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nar	ne C	Office soug	nt		Office he	ld
	Date		Payee name						
	12/04/2023		Los Aguachiles						
	Amount (\$)		Payee address; City;	State;	Zip Cod	Э			
	\$48.00		7470 Cimarron Market El Paso, TX 79911						
	PURPOSE OF EXPENDITURE		Category <sub>(See Categories lis</sub> Food/Beverage Expen		edule) (I		ı, TX,	de of Texas. Comp officeholder living Constituent	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nar	ne C	Office soug	nt		Office he	ld
	Date		Payee name						
	08/31/2023		Make-a-Wish Foundati	on					
	Amount (\$) \$1,025.00	I	Payee address; City; 310 N Mesa Street	State;	Zip Cod	9			
			El Paso, TX 79901		i				
	PURPOSE OF EXPENDITURE		Category (See Categories lis Contributions/Donation Candidate/Officeholde	s Made By	,			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nar	ne C	Office soug	nt		Office he	ld

			EXPENDITURE CATE	GOF	RIES FOR	вс	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	ains I	Office Over Polling Exp Printing Ex Salaries/W	head ense pens ages	e /Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense
1	Total pages Schedule F1:	2	· · ·					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/89 Rpt: 38/97	2	Moody, Joseph E. (The Honorable	)				3	00062850	
4	Date	5	Payee name							
	11/25/2023		Mas y Menos							
6	Amount (\$)	7	Payee address; City; S	state;	; Zip Coo	le				
	\$15.00		1035 Belvidere Ste 300							
			El Paso, TX 79912							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is sch	edule)	(b)	Description			
	OF		Food/Beverage Expense	13 301	cuuc)	. ,		outsi	de of Texas. Comple	ete Schedule T.
	EXPENDITURE		5				Check if Austin	, TX,	officeholder living e	xpense
							Breakfast me	etir	ng - Political is	ssues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	jht			Office held	1
	Date		Payee name							
	09/21/2023		Moody, Joseph							
	Amount (\$)			tate.	Zip Coo					
	\$4,161.15		7344 Golden Sage Drive	naic,	, Zip Cot					
	\$4,101.15		7344 Golden Sage Drive							
			El Paso, TX 79911							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Travel Out of District	iis sche	edule)		X Check if Austin	, TX,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	jht			Office held	ł
	Date		Payee name							
	08/24/2023		Moody, Joseph							
	Amount (\$)			State <sup>.</sup>	Zip Co	le				
	\$103.98		7344 Golden Sage Drive	nuic,	, 20 000					
	\$100.00		1344 Golden Suge Dive							
			El Paso, TX 79911							
	PURPOSE	(a)	Category (See Categories listed at the top of th	is sch	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of District						de of Texas. Comple	
									officeholder living e	
							Reimbursem	ent	for car rental	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	Jht			Office held	1

			EXPENDITURE CA	TEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract I	xpense Labor	Transportatio Travel in Dis Travel Out of	
1	Total pages Schedule F1:	2						3 Filer ID	(Ethics Commission Filers)
1	Sch: 32/89 Rpt: 39/97		Moody, Joseph E. (The Honorab	ole)				0006285	· · · · · · · · · · · · · · · · · · ·
4	Date	5	Payee name						
	11/03/2023		Noble Sandwich						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Cod	e			
	\$16.66		3600 Presidential Blvd						
			Austin, TX 78719						
_	DUDDOOF	<u> </u>							
8	PURPOSE OF		Category (See Categories listed at the top o	of this sch	nedule)	b) Descrip		utaida of Toyloo (	Complete Cohodule T
	EXPENDITURE		Food/Beverage Expense					TX, officeholder li	Complete Schedule T.
								veling to El	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						e held			
	Date		Payee name						
	12/18/2023		Office Depot Office Max						
			-	Chata		-			
	Amount (\$)		Payee address; City;	State;	; Zip Cod	e			
	\$219.31		801 Sunland Park Dr						
			El Paso, TX 79912						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		nedule) (	Chec	ck if travel o ck if Austin,	TX, officeholder li	Complete Schedule T. Iving expense Diday mailing
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office	e held
	Date		Payee name						
	07/12/2023		Otis Autograph Marriott						
	Amount (\$)		Payee address; City;	State	; Zip Cod	e			
	\$773.73		1901 San Antonio	o tato,	, <u>_</u> .p eea	•			
	\$110.10								
			Austin, TX 78705						
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule) (	b) Descrip	otion		
	OF EXPENDITURE		Travel Out of District						Complete Schedule T.
								TX, officeholder li	iving expense Inding to legislative
						busine	-		nung to regisiative
	0 11 0 0 0 0 0	<u> </u>			2.(()				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	nt		Office	e neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	e Office Over Expense Polling Exp	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 33/89 Rpt: 40/97	Moody, Joseph E. (The Hor	orable)		00062850				
4	Date 08/01/2023	Payee name Dtis Autograph Marriott							
6	Amount (\$) \$478.42	Payee address; City; L901 San Antonio Austin, TX 78705	State; Zip Co	le					
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.             X       Check if Austin, TX, officeholder living expense         Lodging in Austin while tending to legislative business									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ht	Office held				
	Date	Payee name							
	08/18/2023	Dtis Autograph Marriott							
	Amount (\$) \$983.22	Payee address; City; 1901 San Antonio	State; Zip Coo	le					
		Austin, TX 78705							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at th	ie top of this schedule)	X Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Jstin tending to legislative business				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sou	ht	Office held				
	Date	Payee name							
	10/26/2023	Dtis Autograph Marriott							
	Amount (\$) \$608.07	Payee address; City; 1901 San Antonio Street	State; Zip Coo	le					
		Austin, TX 78705							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at th	ie top of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense JSTIN While in Session				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sou	ht	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	head/F ense pense ages/C	Reimbursement Rental Expense ontract Labor <b>e this form.</b>	ד ד ד	ransportation E ravel in District ravel Out of Dis	raising Expense quipment & Related Expense strict category not listed above)	
1	Total pages Schedule F1:	2	-ILER NAME					<b>3</b> F	iler ID	(Ethics Commission Filers)	
	Sch: 34/89 Rpt: 41/97		Moody, Joseph E. (The Hono	rable)					00062850	、	
4	Date 10/26/2023		<sup>5</sup> ayee name Otis Autograph Marriott								
6	Amount (\$) \$643.35	:	Payee address; City; 1901 San Antonio Street Austin, TX 78705	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	top of this sch	edule)		Description Check if travel o Check if Austin, Staff lodging i	TX, of	fficeholder living	•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	10/27/2023	(	Otis Autograph Marriott								
	Amount (\$)		Payee address; City;	State;	Zip Co	de					
	\$448.11		1901 San Antonio Street Austin, TX 78705		-						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	top of this sch	edule)		Description Check if travel o Check if Austin, codging in Au	TX, of	fficeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								٦
	11/03/2023	(	Otis Autograph Marriott								
	Amount (\$) \$580.92	I	Payee address; City; 1901 San Antonio Street	State;	Zip Co	de					
			Austin, TX 78705								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Travel Out of District	top of this sch	edule)		Description Check if travel o Check if Austin, Odging in Au	TX, of	fficeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	

			EXPENDITURE CAT	EGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expe Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics C	commission Filers)
	Sch: 35/89 Rpt: 42/97		Moody, Joseph E. (The Honorabl	e)				00062850	
4	Date	5	Payee name						
	11/16/2023		Otis Autograph Marriott						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$1,159.98		1901 San Antonio						
			Austin, TX 78705						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District		Juuroy		outsi	ide of Texas. Complete Schedi	ule T.
	EXPENDITORE							, officeholder living expense	
	Lodging in Austin while in session								
						-			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	office sou	ht		Office held	
	Date		Payee name						
	11/16/2023		Otis Autograph Marriott						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$889.23		1901 San Antonio						
			Austin, TX 78705						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description			
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedi , officeholder living expense	ule T.
								in while in session	
						5 5			
	Complete ONLY if direct	C	andidate/Officeholder name	Office held					
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	11/18/2023		Otis Autograph Marriott						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$383.68		1901 San Antonio						
			Austin, TX 78705						
	PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       OF     Travel Out of District     District								
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedu	ule T.
								, officeholder living expense Austin while in sessio	n
						Clair rouging	,		
-	Complete ONLY if direct		andidate/Officeholder name	0	office soug	ht		Office held	
	expenditure to benefit C/Oł			0				Cine neu	
-									

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide exp	O P S	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of District	oment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)	
	Sch: 36/89 Rpt: 43/97		Moody, Joseph E. (The Honorable	e)				00062850		
4	Date	5	Payee name							
	11/18/2023		Otis Autograph Marriott							
6	Amount (\$)	7	Payee address; City; S	State; Z	Zip Cod	е				
	\$487.27		1901 San Antonio							
			Austin, TX 78705							
8	PURPOSE					b) Description				
ľ	OF		Category (See Categories listed at the top of t Travel Out of District	his schedu	lle)		outsi	ide of Texas. Complete	e Schedule T.	
	EXPENDITURE					Check if Austin	n, TX,	, officeholder living exp	pense	
						Lodging in A	usti	in while in sess	ion	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Offi	ce soug	nt		Office held		
	Date		Payee name							
	11/18/2023		Otis Autograph Marriott							
	Amount (\$)		Payee address; City;	State; Z	Zip Cod	e				
	\$501.28		1901 San Antonio							
			Austin, TX 78705							
	PURPOSE OF		Category (See Categories listed at the top of t	his schedu	ıle) (	b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete , officeholder living exp		
								in while in sess		
_	Complete ONLY if direct		andidate/Officeholder name	Offi	ce soug	nt		Office held		
	expenditure to benefit C/OI									
-	Date	_								
	12/06/2023		Payee name Otis Autograph Marriott							
				Ctata	Zin Cad	-				
	Amount (\$)			State; 2	Zip Cod	е				
	\$295.46		1901 San Antonio							
			Austin, TX 78705							
	PURPOSE OF		Category (See Categories listed at the top of t	his schedu	ıle) (	b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete , officeholder living exp		
								in while in sess		
							<b>J</b> J1			
-	Complete ONLY if direct		andidate/Officeholder name	Offi	ce soug	nt		Office held		
	expenditure to benefit C/OI			On	se souy	it.				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 37/89 Rpt: 44/97	Moody, Joseph E. (The Honorable)	00062850							
4	Date 10/27/2023	5 Payee name Otis Hotel Autograph								
6	Amount (\$) \$234.05	<ul> <li>Payee address; City; State; Zip Code</li> <li>1901 San Antonio</li> <li>Austin, TX 78705</li> </ul>								
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Travel Out of District</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Staff lodging in Austin while in session     </li> </ul>										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/21/2023	PCD Brandt Ltd								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$4,920.00	7355 Remcon Circle Ste 200 El Paso, TX 79912								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>rent</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/15/2023	PF Chang's								
	Amount (\$) \$94.59	Payee address; City; State; Zip Code 201 San Jacinto Blvd								
		Austin, TX 78701								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ieal							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXP	ENDITURE CATEGOR	RIES FOR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awar mittee Legal Ser	erage Expense ds/Memorials Expense	Office Overhe Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed	
_	Tatal same Oak adula E1		duction Guide explains			C Files ID (Ethics Coursi	anian Filana)
1	Total pages Schedule F1: Sch: 38/89 Rpt: 45/97	HILER NAME Moody, Joseph E.	(The Honorable)			3 Filer ID (Ethics Commis 00062850	ssion filers)
4	Date	Payee name				•	
	07/11/2023	PGA Tour Grill					
6	Amount (\$) \$45.00	Payee address; 6713 Convair Rd	City; State;	Zip Code			
		El Paso, TX 79925		i			
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Meal while traveling to Austin     </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	er name C	Office sought		Office held	
	Date	Payee name					
	08/01/2023	PGA Tour Grill					
	Amount (\$)	Payee address;	City; State;	Zip Code			
	\$42.00	6713 Convair Rd El Paso, TX 79925	5				
	PURPOSE OF EXPENDITURE		ries listed at the top of this sch	edule) (b	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense aveling to Austin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholde	r name C	Office sought		Office held	
	Date	Payee name					
	08/11/2023	PGA Tour Grill					
	Amount (\$) \$74.00	Payee address; 6713 Convair Rd	City; State;	Zip Code			
		El Paso, TX 79925	5				
	PURPOSE OF EXPENDITURE	Category <sub>(See Catego</sub> Food/Beverage Ex	ries listed at the top of this sch ζ <b>ρense</b>	edule) (b	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense raveling to Austin	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	er name C	Office sought		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense kpens /ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Tatal same Oshadula Et.		•		mpie			Files ID (Ethics Complexing Files)
1	Total pages Schedule F1: Sch: 39/89 Rpt: 46/97		Moody, Joseph E. (The Honorable)				3	Filer ID     (Ethics Commission Filers)       00062850
4	Date	5	Payee name					
	08/22/2023		PGA Tour Grill					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$44.00		6713 Convair Rd					
			El Paso, TX 79925					
8	PURPOSE		-		(b)	Description		
ľ	OF		Category (See Categories listed at the top of this sche	edule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense
Meal while traveling to Austin								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	Office sou	ght			Office held
	Date		Payee name					
	08/28/2023		PGA Tour Grill					
				7: 0	-1 -			
	Amount (\$)			Zip Co	de			
	\$97.00		6713 Convair Rd					
			El Paso, TX 79925					
	PURPOSE				(b)	Deceriation		
	OF		Category (See Categories listed at the top of this sche	edule)	(0)	Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					, officeholder living expense
								eling to Austin
								5
	Complete ONLY if direct		Candidate/Officeholder name O	)ffice sou	aht			Office held
	expenditure to benefit C/Oł				9			
_	Data	1						
	Date		Payee name					
	09/04/2023		PGA Tour Grill					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$54.00		6713 Convair Rd					
			El Paso, TX 79925					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
			Food/Beverage Expense			Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		0					, officeholder living expense
Meal wh						Meal while tra	ave	eling to Austin
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght			Office held
	expenditure to benefit C/OI	H						
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         O           Food/Beverage Expense         Pr           Gift/Awards/Memorials Expense         Pr           Immittee         Legal Services         Sates	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	-		The Instruction Guide explains how	w to con	nplete this form.					
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)			
	Sch: 40/89 Rpt: 47/97		Moody, Joseph E. (The Honorable)				00062850			
4	Date	5	Payee name							
	09/10/2023		PGA Tour Grill							
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	le					
	\$80.00		6713 Convair Rd							
			El Paso, TX 79925							
8	DUDDOCE	(-)	·		(h)					
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	(b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Food/Beverage Expense				, officeholder living expense			
Meal while traveling to Austin							ling to Austin			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI			Candidate/Officeholder name Office	ice soug	ıht		Office held			
	Date		Payee name							
	10/11/2023		PGA Tour Grill							
	Amount (\$)		Payee address; City; State; Z	Zin Cod	10					
	\$41.45		6713 Convair Rd							
	ψ+1.40									
			El Paso, TX 79925							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule) (	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
							ling to Austin			
	Complete ONLY if direct		Candidate/Officeholder name Offic	ice soug	uht		Office held			
	expenditure to benefit C/Oł			loo ooug	,					
_	Data	1	D							
	Date 10/18/2023		Payee name PGA Tour Grill							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	le					
	\$42.00		6713 Convair Rd							
			El Paso, TX 79925							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule) (	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Meal while tra	ave	ling to Austin			
	-									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	ice soug	Jht		Office held			
	on portantare to benefit 0/01	•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing E Salaries/V	erhea cpense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	-		The Instruction Guide explains	how to co	omple	ete this form.			
1	Total pages Schedule F1:						3	Filer ID (Ethics Commission Filers)	
	Sch: 41/89 Rpt: 48/97		Moody, Joseph E. (The Honorable)					00062850	
4	Date	5	Payee name						
	10/24/2023		PGA Tour Grill						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$62.00		6713 Convair Rd						
			El Paso, TX 79925						
_	DUDDOCE		-		(1-)				
8	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(D)	Description	outei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					officeholder living expense	
Meal while traveling to Austin									
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	11/01/2023		PGA Tour Grill						
	Amount (\$)		Payee address; City; State	; Zip Co	nde				
	\$30.00		6713 Convair Rd	, zip cc	Juc				
	φ30.00								
			El Paso, TX 79925						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. , officeholder living expense	
						Meal while tra			
						week white the			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l			Office held	
	expenditure to benefit C/Oł				igin				
_	Data								
	Date 11/07/2023		Payee name PGA Tour Grill						
	Amount (\$)			; Zip Co	ode				
	\$30.00		6713 Convair Rd						
			El Paso, TX 79925						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.	
	EXPENDITORE							officeholder living expense	
						weal while tra	ave	ling to Austin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held	
		1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	rhead pense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 42/89 Rpt: 49/97		Moody, Joseph E. (The Honorable)				00062850	
4	Date 11/13/2023	5	Payee name PGA Tour Grill					
6	Amount (\$)	7	Payee address; City; State; Zip Cod	do				
0	\$80.00	,	6713 Convair Rd	ue				
			El Paso, TX 79925					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense ling to Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office souc	ght			Office held	
	Date		Payee name					
	11/16/2023		PGA Tour Grill					
	Amount (\$)		Payee address; City; State; Zip Cod	de				
	\$67.00		6713 Convair Rd El Paso, TX 79925					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)		TX,	de of Texas. Complete Schedule T. officeholder living expense ling to Austin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sour	ght			Office held	
	Date		Payee name					
	09/12/2023		Papa John's Pizza					
	Amount (\$)		Payee address; City; State; Zip Coo	de				
	\$76.73		411 W Martin Luther King Jr Blvd					
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense			TX,	de of Texas. Complete Schedule T. officeholder living expense pers and staff	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			andidate/Officeholder name Office sour	ght			Office held	

			EXPENDITURE CA	ATEGO	RIES FOR	8 BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers)
-	Sch: 43/89 Rpt: 50/97		Moody, Joseph E. (The Honora	ble)				00062850
4	Date 08/15/2023		Payee name Park Tavern					
6	Amount (\$) \$70.00		Payee address; City; 204 E Mills El Paso, TX 79901	State;	; Zip Coo	de		
8	PURPOSE	(a)	Category (See Categories listed at the top	of this coh	odulo)	(b) Description		
-	OF EXPENDITURE		Food/Beverage Expense	or this sch	leaule)	Check if trave	tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense - Political issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	10/24/2023		Pluckers Wings Bar					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$71.00		2222 Rio Grande Austin, TX 78705					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Food/Beverage Expense	of this sch	iedule)		tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense Ch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	08/28/2023		Residence Inn Austin					
	Amount (\$) \$411.64		Payee address; City; 300 East 4th Street	State;	; Zip Coo	de		
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	of this sch	nedule)		tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held

			EXPENDITURE CATEGOR	RIES FOR	8 BOX 8(a)		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)							
	Sch: 44/89 Rpt: 51/97		Moody, Joseph E. (The Honorable)				00062850							
4	Date	5	Payee name											
	08/28/2023		Residence Inn Austin											
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de									
	\$564.70		300 East 4th Street											
			Austin, TX 78701											
8	PURPOSE				(b) Description									
ľ	OF	(4)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		outsi	ide of Texas. Complete Schedule T.							
	EXPENDITURE				Check if Austin	, тх,	, officeholder living expense							
					Lodging while	e at	ttending BOM meetings							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	office sou	ght		Office held							
	Date		Payee name											
	09/11/2023		Residence Inn Austin											
	Amount (\$)		Payee address; City; State;	Zip Co	de									
	\$1,201.94		300 East 4th Street											
	<i><b>4</b>1,201101</i>													
			Austin, TX 78701											
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description									
	EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T. , officeholder living expense							
							Austin while tending to legislative							
					business									
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	nht		Office held							
	expenditure to benefit C/Oł				9.1C									
-	Data	<u> </u>												
	Date 09/15/2023		Payee name Residence Inn Austin											
				7. 0										
	Amount (\$)			Zip Co	de									
	\$1,124.40		300 East 4th Street											
			Austin, TX 78701											
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description									
	OF EXPENDITURE		Travel Out of District				ide of Texas. Complete Schedule T.							
							, officeholder living expense							
					business	มรแ	in while tending to legislative							
	0 14 01 14 1						0.00							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held							

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Comm	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe ittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> FI	LER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 45/89 Rpt: 52/97		oody, Joseph E. (The Honora	able)				00062850	
4	Date	5 P	ayee name				I		
	09/18/2023		esidence Inn Austin						
6	Amount (\$)	<b>7</b> Pa	ayee address; City;	State;	Zip Coo	le			
	\$843.30	3	00 East 4th Street						
		A	ustin, TX 78701						
8	PURPOSE	<b>(a)</b> C	ategory (See Categories listed at the top	o of this sche	edule)	<b>b)</b> Description			
	OF EXPENDITURE	Т	ravel Out of District					de of Texas. Comp	
								officeholder living n while tendi	ng to legislative
						business	JULI		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office soug	ht		Office he	ld
	Date	P	ayee name						
	09/05/2023	R	oyal Blue Grocery Whitley						
	Amount (\$)	Pi	ayee address; City;	State;	Zip Coo	le			
	\$107.48	3	01 Brazos Street						
		_							
		A	ustin, TX 78701						
	PURPOSE OF		ategory (See Categories listed at the top	o of this sche	edule)	<b>b)</b> Description	outoi	do of Toxoo Comr	Note Schodule T
	EXPENDITURE	F	ood/Beverage Expense					de of Texas. Comp officeholder living	
						Snacks and o		-	
								·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	)ffice soug	ht		Office he	ld
_	Date	D	ayee name						
	09/10/2023		oyal Blue Grocery Whitley						
_	Amount (\$)		ayee address; City;	Stato <sup>.</sup>	Zip Coo	0			
	\$58.93		01 Brazos Street	State,	Zip Cot				
	400.00								
		A	ustin, TX 78701						
	PURPOSE OF		ategory (See Categories listed at the top	o of this sche	edule)	<b>b)</b> Description			
	EXPENDITURE	F	ood/Beverage Expense					de of Texas. Comp officeholder living	
						Snacks and o			
						Chaoks and C			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	C	Office soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	rhead lense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2	EII ER NAME			·		3	Filer ID	(Ethics Commission Filers)	_
1	Sch: 46/89 Rpt: 53/97		Moody, Joseph E. (The Honorable	e)				3	00062850		
4	Date	5	Payee name								
	12/19/2023		Sahualla, Ellic								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$875.86		6608 La Cadena Dr								
			El Paso, TX 79912								
_	DUDDOOF	<u> </u>				(1-)					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	nedule)	(D)	Description	outoi	do of Toyac, Comr	aloto Sabadulo T	
	EXPENDITURE		Travel Out of District						de of Texas. Comp officeholder living		
							Reimbursem			oxponed	
								0			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ght			Office he	ld	
	Date		Payee name								
	10/18/2023		Savage Goods								
			-	Stato	· Zin Cor						_
	Amount (\$)			State,	; Zip Coo	Je					
	\$46.00		1201 N Oregon								
			El Paso, TX 79902								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living	•	
							Lunch meetir	ng -	Legislative i	ssues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office he	ld	
	Date		Payee name								
	07/13/2023		Saxon Pub								
-	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$16.00		3600 Presidential Blvd		,						
	<b>\$10.00</b>										
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living		
							Dinner while	(ra\	eiing to Aus	SUN	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ght			Office he	ld	
	expenditure to benefit C/OI	-1									

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:	2				•		3	Filer ID	(Ethics Commission Filers)	—
-	Sch: 47/89 Rpt: 54/97	2	Moody, Joseph E. (The Honorable	e)					00062850		
4	Date	5	Payee name								
	08/23/2023		Saxon Pub								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					_
	\$40.00		3600 Presidential Blvd								
			Austin, TX 78719								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living		
							Meal while tra	ave	ling to El Pas	S0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name								_
	08/30/2023		Saxon Pub								
_	Amount (\$)		Payee address; City;	Stato:	Zip Co	do					$\dashv$
	.,			State,	, Zip C0	ue					
	\$80.00		3600 Presidential Blvd								
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description				Γ
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Comp		
									officeholder living		
							Meal while tra	ave	ling to El Pas	SO	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name								-
	09/08/2023		Saxon Pub								
_				Ctata	710 00	al a					_
	Amount (\$)		<b>,</b> , , , , , , , , , , , , , , , , , ,	State;	; Zip Co	ae					
	\$78.00		3600 Presidential Blvd								
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b)	Description				$\neg$
	OF	<b>`</b>	Food/Beverage Expense	000	culley	• •		outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·				Check if Austin	, тх,	officeholder living	expense	
							Meal while tra	ave	ling to El Pas	S0	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	C	Office sou	ght			Office he	ld	$\neg$
	expenditure to benefit C/OI										
-											4

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead/l bense pense ages/C	Reimbursement Rental Expense Contract Labor e <b>this form.</b>		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FII FR NAME			-		3	Filer ID	(Ethics Commission Filers	5)
-	Sch: 48/89 Rpt: 55/97		Moody, Joseph E. (The Honora	able)					00062850		-)
4	Date	5	Payee name								
	10/16/2023		Saxon Pub								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$25.00		3600 Presidential Blvd								
			Austin, TX 78719								
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) [	Description				
	OF EXPENDITURE		Food/Beverage Expense			Ī			de of Texas. Comp		
						Ļ			officeholder living		
						ľ	Meal while tra	ave	ling to El Pa	SO	
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	10/26/2023		Saxon Pub								
	Amount (\$)		Payee address; City;	State:	; Zip Co	de					
	\$90.00		3600 Presidential Blvd	etato,	, <u>_</u> .p ee						
	\$50.00										
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) [	Description				
	OF EXPENDITURE		Food/Beverage Expense			Ē			de of Texas. Comp		
	-					Ļ			officeholder living		
						ľ	Meal while tra	ave	ing to El Pa	50	
			Sandidata (Office helder name						Office he		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office sou	JIIL			Office he	eid.	
	Date		Payee name								
	10/30/2023		Saxon Pub								
	Amount (\$)		Payee address; City;	State:	; Zip Co	de					
	\$65.00		3600 Presidential Blvd								
			Austin, TX 78719								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) [	Description				
	OF EXPENDITURE		Food/Beverage Expense			Į			de of Texas. Comp		
						Ļ			officeholder living		
						ľ	Meal while tra	ave	iniy i0 ⊏l Pa	50	
	0 1 1 0 0 0 0 0										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
		•									

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp hittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	_ دا		<u> </u>		ipiete tile termi	3	Filer ID	(Ethics Commission Filers)
1	Sch: 49/89 Rpt: 56/97		loody, Joseph E. (The Honora	able)			3	00062850	
4	Date	5 F	ayee name						
	11/15/2023	5	axon Pub						
6	Amount (\$) \$123.00	3	ayee address; City; 600 Presidential Blvd Justin, TX 78719	State;	Zip Coo	le			
8	PURPOSE	(a) (	ategory (See Categories listed at the to	p of this sche	edule)	(b) Description			
	OF EXPENDITURE		ood/Beverage Expense			Check if trave	n, TX,	ide of Texas. Compl , officeholder living e eling to El Pas	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	С	Office soug	ıht		Office hel	d
	Date	F	ayee name						
	12/07/2023	5	axon Pub						
	Amount (\$)	F	ayee address; City;	State;	Zip Co	le			
	\$40.00	3	600 Presidential Blvd Justin, TX 78719		·				
	PURPOSE	I				(b) Decoription			
	OF		ategory (See Categories listed at the to ood/Beverage Expense	p of this sche	edule)	Check if Austi	n, TX	ide of Texas. Compl , officeholder living e eling to El Pas	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	C	Office sou	Jht		Office hel	ld
	Date	F	ayee name						
	10/13/2023		Secure Identity, LLC						
	Amount (\$)	F	ayee address; City;	State;	Zip Co	le			
	\$189.00	6	50 5th Ave 12th Floor						
			lew York, NY 10019						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ravel Out of District	p of this sch	edule)		n, TX	ide of Texas. Compl , officeholder living e Ce at airport	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	C	Office soug	Jht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens ittee Legal Services The Instruction Guide ex	Office Ove Polling Exp e Printing Ex Salaries/W	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:				<b>3</b> Filer ID (Ethics Commission Filers)			
_	Sch: 50/89 Rpt: 57/97	loody, Joseph E. (The Honorab	le)		00062850			
4	Date	ayee name						
	11/17/2023	hoal Creek Saloon						
6	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$143.00	09 N Lamar Blvd						
		ustin, TX 78703						
	PURPOSE		I					
8	OF	ategory (See Categories listed at the top of	f this schedule)	b) Description	outside of Texas. Complete Schedule T.			
	EXPENDITURE	ood/Beverage Expense			n, TX, officeholder living expense			
				Capitol staff				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sou	ht	Office held			
	Date	ayee name						
	12/13/2023	imply to Impress						
			State; Zip Co					
	Amount (\$)	ayee address; City;	State, Zip Co	le				
	\$340.99	3801 Calabasas Rd						
		alabasas, CA 91302						
	PURPOSE	ategory (See Categories listed at the top of	f this schedule)	<b>b)</b> Description				
	OF EXPENDITURE	ffice Overhead/Rental Expense			outside of Texas. Complete Schedule T.			
				Christmas ca	n, TX, officeholder living expense			
				Christinas Ca	lius			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	nı	Office held			
-	Date	ayee name						
	12/28/2023	olomon Ortiz Jr Campaign						
				-				
	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$1,000.00	O Box 286						
		orpus Christi, TX 78403						
	PURPOSE	ategory (See Categories listed at the top of	f this schedule)	<b>b)</b> Description				
	OF EXPENDITURE	ontributions/Donations Made B			outside of Texas. Complete Schedule T.			
		andidate/Officeholder/Political (	Committee		n, TX, officeholder living expense			
				Political Cont	tribution			
	Complete ONLY if direct	ndidate/Officeholder name	Office sou	ht	Office held			
	expenditure to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 51/89 Rpt: 58/97		Moody, Joseph E. (The Honorable)					00062850
4	Date		Payee name					
	08/27/2023		Southwest Airlines					
6	Amount (\$)		Payee address; City; State; PO Box 36649	Zip Co	de			
	\$11.20		PO Box 36649					
			Dallas, TX 75235					
8	PURPOSE				(h)	Description		
ľ	OF		Category (See Categories listed at the top of this sche Travel Out of District	edule)	(5)	<u> </u>	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense
						Security fee f	for s	staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held
	Date		Payee name					
	09/01/2023		Southwest Airlines					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$11.20		PO Box 36649					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T. , officeholder living expense
						Security fee f		
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held
	expenditure to benefit C/OI	H						
	Date		Payee name					
	09/05/2023		Southwest Airlines					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$22.40		PO Box 36649					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T.
						Security fee f		, officeholder living expense staff
							013	Stati
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held
	expenditure to benefit C/OI							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	P FILER NAME	Filer ID (Ethics Commission Filers)					
	Sch: 52/89 Rpt: 59/97	Moody, Joseph E. (The Honorable)	00062850					
4	Date 10/23/2023	Payee name Southwest Airlines						
6	Amount (\$)	' Payee address; City; State; Zip Code						
Ű	\$11.20	PO Box 36649						
		Dallas, TX 75235						
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense r staff					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/27/2023	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.60	PO Box 36649 Dallas, TX 75235						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense r staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/13/2023	Southwest Airlines						
	Amount (\$) \$16.80	Payee address;City;State;Zip CodePO Box 36649						
		Dallas, TX 75235						
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense r staff					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
-	Sch: 53/89 Rpt: 60/97	Moody, Joseph E. (The Honorable)	00062850
4	Date 09/27/2023	5 Payee name Speedway	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
0	\$48.14	7900 Artcraft El Paso, TX 79932	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
-	OF EXPENDITURE	Travel In District Check if travel o Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense I in/out of district to tend to state
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/14/2023	Starbucks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	501 West 15th Street Austin, TX 78701	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense pitol office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/17/2023	Starbucks	
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 501 West 15th Street	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense pitol staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 54/89 Rpt: 61/97	oody, Joseph E. (The Honorable)		00062850					
4	Date 09/14/2023	ayee name weetgreen							
6	Amount (\$) \$47.48	ayee address; City; State; Zip D07 S Congress Ave ustin, TX 78704	Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ood/Beverage Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense neal					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	12/04/2023	arget							
	Amount (\$) \$426.87	ayee address; City; State; Zip D1 Sunland Park Dr	Code						
	PURPOSE OF EXPENDITURE	I Paso, TX 79912 ategory (See Categories listed at the top of this schedule) ontributions/Donations Made By andidate/Officeholder/Political Committee	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ny angel tree gifts					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					
	Date	ayee name							
	11/20/2023	ejano Democrats of El Paso							
	Amount (\$) \$30.00	ayee address; City; State; Zip 401 Montana	Code						
		l Paso, TX 79901	- I						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) ees		outside of Texas. Complete Schedule T. , TX, officeholder living expense dues					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 55/89 Rpt: 62/97	Ν	loody, Joseph E. (The Honorable)				00062850		
4	Date	5 P	'ayee name			I			
	07/01/2023		exas Tech Foundation, Inc.						
6	Amount (\$)	<b>7</b> P	'ayee address; City; State;	Zip Co	le				
-	\$300.00		PO Box 45025	1					
		L	ubbock, TX 79409						
8	PURPOSE	<b>(a)</b> C	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE	C	Contributions/Donations Made By	,	Check if travel		ide of Texas. Complete Schedule T.		
		C	Candidate/Officeholder/Political Comm	ittee			, officeholder living expense		
White Coat Initiative Sponsorship									
_	Complete ONIL V if direct		ndidata/Officebolder.como	Office sout	bt.		Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name C	JIIICE SOU	m		Office held		
	Date	Р	ayee name						
	09/09/2023	Т	exas Venom % Rene Estrada						
	Amount (\$)	Р	ayee address; City; State;	Zip Co	le				
	\$1,000.00 1921 Estrada								
		E	El Paso, TX 79938						
	PURPOSE	<b>(a)</b> C	category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
		C	Candidate/Officeholder/Political Comm	ittee	Youth Baseb		, officeholder living expense		
					Touin Daseb	an			
	Complete ONLY if direct	Ca	ndidate/Officeholder name C	)ffice sou	ht		Office held		
	expenditure to benefit C/OI	4							
	Date	Р	ayee name						
	09/18/2023	Т	he Beer Drop						
	Amount (\$)	Р	Payee address; City; State;	Zip Co	le				
	\$37.00	3	600 Presidential Blvd						
		Д	ustin, TX 78719						
	PURPOSE	<b>(a)</b> C	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE	F	ood/Beverage Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense ling to El Paso		
						uve			
-	Complete ONLY if direct		ndidate/Officeholder name	Office soug	ht		Office held		
	expenditure to benefit C/Oł								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen: Imittee Legal Services The Instruction Guide e:		Office Over Polling Exp Printing Ex Salaries/W	head/R ense bense ages/Co	Reimbursement rental Expense ontract Labor <b>this form.</b>		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2		, praine				3	Filer ID	(Ethics Commission Filers)
1	Sch: 56/89 Rpt: 63/97	2	Moody, Joseph E. (The Honorat	ole)					00062850	
4	Date	5	Payee name							
	10/26/2023		The Garrison							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$58.00		420 E San Antonio							
			El Paso, TX 79901							
8	DUDDOSE	(0)				(h) p				
ð	PURPOSE OF	(a)	Category (See Categories listed at the top o	of this sch	nedule)	(0) D	escription	nutsir	de of Texas. Comp	lete Schedule T
	EXPENDITURE		Event Expense			F	4		officeholder living	
						F	undraiser foi			
									-	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	Iht			Office hel	d
	Date		Payee name							
	09/01/2023		The Hoppy Monk							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$81.00		4141 N Mesa	oluic,	, 20 000					
	ψ01.00									
			El Paso, TX 79902							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	( <b>b)</b> D	escription			
	OF EXPENDITURE		Food/Beverage Expense			Ē	_		de of Texas. Comp	
						Ļ	_		officeholder living	
						L	unch meeun	g -	Legislative Is	ssues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	iht			Office hel	d
-	Date		Payee name							
	10/11/2023		The Otis Hotel Autograph							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$513.98		1901 San Antonio	State,	, zip cot					
	<b>4010.00</b>		1901 San Anonio							
			Austin, TX 78705							
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	( <b>b)</b> D	escription			
			Travel Out of District		ŕ	Г	Check if travel o	outsio	de of Texas. Comp	lete Schedule T.
	EXPENDITURE								officeholder living	
						L	odging durin	ig s	pecial session	on
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ht			Office hel	d
	expenditure to benefit C/OF	4								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen ittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	<b>2</b> F		-		-	3	Filer ID (Ethics Commission Filers)	
_	Sch: 57/89 Rpt: 64/97		loody, Joseph E. (The Honoral	ble)				00062850	
4	Date 10/18/2023		ayee name he Otis Hotel Autograph						
6 Amount (\$) \$561.18 Austin, TX 78705 7 Payee address; City; State; Zip Code Austin, TX 78705									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Lodging during special session								, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held	
	Date	Р	ayee name						
	10/05/2023	Т	he Rumor Mill						
	Amount (\$) \$5.88		ayee address; City; 01 N Mesa	State;	Zip Coc	e			
		E	l Paso, TX 79902						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ood/Beverage Expense	of this sche	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ative meeting	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held	
	Date	Р	ayee name						
	11/20/2023		he Sushi Place & Lounge						
	Amount (\$) \$40.00		ayee address; City; 905 N Mesa	State;	Zip Coc	e			
		E	l Paso, TX 79912						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top ood/Beverage Expense	of this sche	edule)	Check if Austin	n, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense - Campaign issues	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 58/89 Rpt: 65/97		Moody, Joseph E. (The Honorable)			00062850			
4	Date	5	Payee name						
	11/28/2023		The Sushi Place & Lounge						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$50.00		5905 N Mesa						
			El Paso, TX 79912						
8	PURPOSE	(a)			(b) Description				
ľ	OF	(4)	Category (See Categories listed at the top of this schere Food/Beverage Expense	dule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE						, officeholder living expense		
					Lunch meeti	ng ·	- Campaign issues		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held		
	Date		Payee name						
	08/16/2023		The Tavern						
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$70.00		922 W 12th		ue				
	\$70.00		322 W 1201						
			Austin, TX 78703						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description				
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Capitol staff				
					Cupitor Stan	me			
⊢	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	aht		Office held		
	expenditure to benefit C/OF			11100 3004	gnt				
	Date		Payee name						
	08/23/2023		The Tavern						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$43.18		922 W 12th	•					
			Austin, TX 78703						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Lunch meeti	ng ۱	with Legislators		
	_								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held		
	experience to benefit C/OI	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	se	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	B Filer ID (Ethics Commission Filers)	-	
	Sch: 59/89 Rpt: 66/97		Moody, Joseph E. (The Honorable)				00062850		
4	Date	5	Payee name					-	
	08/17/2023		Theater District Garage						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$17.00		209 S El Paso Street						
			El Paso, TX 79901						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1			
	OF EXPENDITURE		Travel In District				tside of Texas. Complete Schedule T.		
							X, officeholder living expense		
					Parking id	n can	npaign event		
_	Complete ONIL V if direct		condidate/Officeholder.nome		wh+		Office held	_	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held		
	Date		Payee name					_	
	09/15/2023		Thunder Cloud Subs						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
\$30.13 3200 Guadalupe									
			·						
			Austin, TX 78705						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	1			
	OF EXPENDITURE		Food/Beverage Expense				tside of Texas. Complete Schedule T.		
						Check if Austin, TX, officeholder living expense Capitol staff meal			
					Capitor sta	an me	ear		
			ten didete (Office helder neme					$\neg$	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	gnt		Office held		
		_						_	
	Date 12/22/2023		Payee name Tiff's Treats Cookies						
								_	
	Amount (\$)			Zip Co	de				
	\$32.39		8889 Gateway West Blvd						
			El Paso, TX 79925						
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Gift/Awards/Memorials Expense				tside of Texas. Complete Schedule T. "X, officeholder living expense		
					Staff gift				
					5				
-	Complete ONLY if direct		candidate/Officeholder name C	Office sou	ght		Office held	—	
	expenditure to benefit C/OI				-				
-								$\neg$	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explain	Office Polling Printing Salarie	Overhea Expens g Exper s/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·				3	Filer ID (Ethics Commission Filers)	
-	Sch: 60/89 Rpt: 67/97	2	Moody, Joseph E. (The Honorable)					00062850	
4	Date	5	Payee name						
	08/24/2023		Townsend, Pam						
6	Amount (\$)	7	Payee address; City; Stat	e; Zip	Code				
	\$3,500.00		PO Box 3007						
			Carlabad NIM 89221						
_			Carlsbad, NM 88221		1				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T. , officeholder living expense	
						Accounting/P			
						, 1000 a.n.a.r.g, 1			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office s	ought	:		Office held	
_	Date		Payee name						
	08/28/2023		U.S. Postal Service						
	Amount (\$)			e; Zip	Code				
	\$7.49		219 E Mills Ave						
			El Paso, TX 79901						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this s Office Overhead/Rental Expense	chedule)	(b)	Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	ı, TX,	, officeholder living expense	
						Postage for c	am	npaign purposes	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office s	ought			Office held	
	Date		Payee name						
	12/09/2023		U.S. Postal Service						
	Amount (\$)		Payee address; City; Sta	e; Zip	Code				
	\$33.00		7383 Remcon Circle	с, 2р	couc				
	ψ55.00								
			El Paso, TX 79912						
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Postage for o	am	ipaign use	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ought			Office held	
		'							

				EXPENDIT	URE CATEGO	RIES FOR	BC	)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	12 F					··r		2	Filer ID	(Ethics Com	mission Filers)
1	Sch: 61/89 Rpt: 68/97			eph E. (The H	Honorable)				3	00062850		
4	Date	5 F	Payee name						•			
	09/18/2023	l	Uber Eats									
6	Amount (\$) \$72.47		<sup>2</sup> ayee addres 1455 Marke		State	; Zip Coo	de					
				co, CA 9410								
8	PURPOSE OF EXPENDITURE			e Categories listed age Expense	at the top of this sch	nedule)	(b)	브	, TX,	de of Texas. Comp officeholder living al		т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	· (	Office sou	ght			Office he	ld	
	Date	F	Payee name									
	10/18/2023	ι	Jber Eats									
	Amount (\$)	F	Payee addres	ss; City;	State	; Zip Co	de					
	\$46.59		1455 Marke			,						
			San Francis	co, CA 9410	3							
	PURPOSE OF EXPENDITURE			ee Categories listed age Expense	at the top of this sch	nedule)	(b)		, TX,	de of Texas. Comp officeholder living I <b>CI</b>		т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	· (	Office sou	ght			Office he	ld	
	Date	F	Payee name									
	11/01/2023		Jber Eats									
	Amount (\$) \$42.37		Payee addres 1455 Marke		State	; Zip Coo	de					
			San Francis	co, CA 9410	3							
	PURPOSE OF EXPENDITURE			ee Categories listed age Expense	at the top of this sch	nedule)	(b)		, тх,	de of Texas. Comp officeholder living I <b>CI</b>		т.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	• (	Office sou	ght			Office he	ld	

				EXPENDITU	RE CATEGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		r F Imittee L	vent Expense ees ood/Beverage Expen Sift/Awards/Memorial egal Services <b>The Instruction G</b>	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e Contract Labor		Solicitation/Fundi Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment & F trict	Related Expense
1	Total pages Schedule F1:	2		R NAME 3 Filer ID (Ethics Commi								ommission Filers)
-	Sch: 62/89 Rpt: 69/97			ph E. (The Ho	onorable)					00062850		,
4	Date		Payee name									
	07/31/2023		Uber Pass									
6	Amount (\$) \$9.99		Payee addres 555 Market S San Franciso	-	State;	; Zip Co	de					
8	PURPOSE	(a)	Category va				(b)	Description				
Ū	OF		<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Uber protection subscription</li> </ul>								le T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	07/11/2023		Uber									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$53.00		555 Market S San Franciso	Street :o, CA 94105								
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Travel Out o	Categories listed at District	the top of this sch	iedule)			, TX,	de of Texas. Comp officeholder living rom airport		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	C	Office sou	ght			Office he	ld	
	Date		Payee name									
	08/01/2023		Uber									
	Amount (\$) \$28.00		Payee addres 555 Market S		State;	; Zip Co	de					
			San Franciso	co, CA 94105								
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub> Travel Out o	Categories listed at District	the top of this sch	iedule)			, тх,	de of Texas. Comp officeholder living D airport		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ght			Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Imittee Legal Services The Instruction G	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)	
1	Sch: 63/89 Rpt: 70/97	2	Moody, Joseph E. (The Ho	norable)				00062850	
4	Date	5	Payee name						
	08/01/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$40.00		555 Market Street						
			San Francisco, CA 94105						
8	PURPOSE	(a)	Category (See Categories listed at	he top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Transporatio		Capitol	
_			andidate (Office helder respect			~ la t			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Ĺ	Office sou	ynı		Office held	
	Date		Payee name						
	08/02/2023		Uber						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
\$31.91 555 Market Street									
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at	he top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
						Transportatio		, officeholder living expense	
						Transportatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Complete ONLY if direct		andidate/Officeholder name		Office sou	aht		Office held	
	expenditure to benefit C/OF					gin			
	Date		Payee name						
	08/02/2023		Uber						
	Amount (\$)	-	Payee address; City;	Stato	Zip Co	de			
	\$40.00		555 Market Street	State,	in ⊂n	40			
	φ40.00		JJJ MAINEL JUEEL						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at	he top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Iransportatio	n r	nome from airport	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	superioratione to benefit C/OI	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 64/89 Rpt: 71/97		Moody, Joseph E. (The Honora	able)					00062850
4	Date 08/15/2023		Payee name Uber						
6	Amount (\$) \$64.00		Payee address; City; 555 Market Street San Francisco, CA 94105	State;	; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sch	edule)		Check if travel o	TX,	de of Texas. Complete Schedule T. officeholder living expense o airport
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	08/17/2023		Uber						
	Amount (\$) \$39.00		Payee address; City; 555 Market Street	State;	; Zip Co	le			
	PURPOSE OF EXPENDITURE	(a)	San Francisco, CA 94105 Category (See Categories listed at the top Travel Out of District	o of this sch	edule)		Check if travel o	TX,	de of Texas. Complete Schedule T. officeholder living expense airport
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht			Office held
	Date		Payee name						
	08/22/2023		Uber						
	Amount (\$) \$34.00		Payee address; City; 555 Market Street	State;	; Zip Co	de			
			San Francisco, CA 94105						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sch	edule)		Check if travel o Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense om airport
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Od/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	B Filer ID (Ethics Commission Filers)						
	Sch: 65/89 Rpt: 72/97	Moody, Joseph E. (The Honorable)	00062850						
4	Date 08/23/2023	<ul><li>Payee name</li><li>Uber</li></ul>							
6	Amount (\$) \$34.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>555 Market Street</li> <li>San Francisco, CA 94105</li> </ul>							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Transportation to airport from Capitol</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/28/2023	Uber							
	Amount (\$) \$35.24	Payee address; City; State; Zip Code 555 Market Street							
		San Francisco, CA 94105							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense from airport						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/29/2023	Uber							
	Amount (\$) \$12.00	Payee address;     City;     State;     Zip     Code       555 Market Street							
		San Francisco, CA 94105							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense to the Capitol						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		-		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 66/89 Rpt: 73/97	2	Moody, Joseph E. (The	Honorable)				00062850
4	Date	5	Payee name					
	08/29/2023		Uber					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$12.00		555 Market Street					
			San Francisco, CA 941	05				
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District		,		el outs	side of Texas. Complete Schedule T.
	EXPENDITORE							K, officeholder living expense
						Transportat	ion f	from Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ght		Office held
	Date		Payee name					
	08/30/2023		Uber					
-	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$12.00		555 Market Street	,				
	<b>\$12100</b>							
			San Francisco, CA 941	05				
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District					side of Texas. Complete Schedule T.
								K, officeholder living expense
						manspona		to the Capitol
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder nam	e C	Office sou	gnt		Office held
	Date		Payee name					
	08/30/2023		Uber					
-				Stata	Zip Co	do		
	Amount (\$) \$38.00			Stale;		ue		
	\$38.UU		555 Market Street					
			San Francisco, CA 941	05				
-	PURPOSE	(a)				(b) Description		
	OF	("	Category (See Categories liste Travel Out of District	d at the top of this sche	edule)	· · ·	el outs	side of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District					ζ, officeholder living expense
						Transportat	ion t	to airport
	Complete ONLY if direct	L(	andidate/Officeholder nam	e C	Office sou	ght		Office held
	expenditure to benefit C/OI			-		-		
-								

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		<u> </u>		•		3	Filer ID (Ethics Commission Filers)
-	Sch: 67/89 Rpt: 74/97		Moody, Joseph E. (The Honora	able)				J	00062850
4	Date	5	Payee name						
	09/04/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$45.11		555 Market Street						
			San Francisco, CA 94105						
8	PURPOSE	(a)				(h)	Description		
Ů	OF	(4)	Category (See Categories listed at the to Travel Out of District	p of this sch	iedule)	(5)	<u> </u>	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE								officeholder living expense
							Transportatio	n to	o airport
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght			Office held
	Date		Payee name						
	09/05/2023		Uber						
	Amount (\$)		Payee address; City;	Stato	; Zip Co	do			
				State,	, Zip Cu	ue			
	\$17.00		555 Market Street						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District						de of Texas. Complete Schedule T.
									officeholder living expense
							Transportatio	n u	o Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Ĺ	Office sou	gnt			Office held
-	Date		Payee name						
	09/05/2023		Uber						
-				01-1	7:- 0	de			
	Amount (\$)		Payee address; City;	State;	; Zip Co	ae			
	\$13.00		555 Market Street						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District				Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITORE								officeholder living expense
							Transportatio	n fr	rom Capitol
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held
	expenditure to benefit C/OI	H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ls Expense	Office Ove Polling Exp Printing Ex Salaries/W			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
	Sch: 68/89 Rpt: 75/97	2	Moody, Joseph E. (The Ho	onorable)				00062850
4	Date	5	Payee name					
	09/06/2023		Uber					
6	Amount (\$) \$17.00	7	Payee address; City; 555 Market Street	State;	; Zip Co	de		
			San Francisco, CA 94105					
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Transportatio	on t	o Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
F	Date		Payee name					
	09/06/2023		Uber					
		<u> </u>		Ctata	7:0 00	de		
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$12.08		555 Market Street					
			San Francisco, CA 94105					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Travel Out of District	the top of this scho	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense rom Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	09/07/2023		Uber					
-	Amount (\$)	-	Payee address; City;	State	Zip Co	de		
	\$12.00		555 Market Street	olulo,	, 210 00			
			San Francisco, CA 94105		i			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Travel Out of District	the top of this scho	edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense rom Capitol
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial: nmittee Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Tatal pages Cabadula F1	<u> </u>					1	Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 69/89 Rpt: 76/97	2	Moody, Joseph E. (The Ho	norable)			3	Filer ID (Ethics Commission Filers) 00062850
4	•	6						
4	Date 09/07/2023	5	Payee name Uber					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$17.00		555 Market Street					
			San Francisco, CA 94105					
8	PURPOSE	(a)		4h - 4		(b) Description		
Ŭ	OF	(,	Category (See Categories listed at Travel Out of District	the top of this sche	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						Transportatio	on t	to Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	09/08/2023		Uber					
	Amount (\$)		Payee address; City;	State <sup>.</sup>	Zip Co	de		
	\$17.00		555 Market Street	State,	2ip C0	ue		
	Φ17.00		555 Market Street					
			San Francisco, CA 94105					
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District		,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Transportatio	on t	to Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held
⊨	Date		Payee name					
	09/08/2023		Uber					
				Ctoto	Zin Co	do		
	Amount (\$)		Payee address; City;	State,	Zip Co	ue		
	\$58.00		555 Market Street					
			San Francisco, CA 94105					
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Transportatio	on f	from Capitol to airport
L								
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office held
	expenditure to benefit C/OI	H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Servi	age Expense /Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2		···· ·			3	Filer ID	(Ethics Commission Filers)
-	Sch: 70/89 Rpt: 77/97	2	Moody, Joseph E. (	The Honorable)				00062850	
4	Date	5	Payee name						
	09/08/2023		Uber						
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	de			
	\$59.00		555 Market Street	-					
			San Francisco, CA	94105					
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Compl	
								, officeholder living e	
						Transporta	tion i	nome from air	port
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	ght		Office hel	d
	Date		Payee name						
	09/10/2023		Uber						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	de			
	\$33.00		555 Market Street		p 00.				
	400.00		ooo market offeet						
			San Francisco, CA	94105					
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of Distric	t				ide of Texas. Compl	
	-							, officeholder living e	expense
						Transporta	uoni	from airport	
								0111	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder	name C	Office sou	gni		Office held	u
-	Data		Device 197777						
	Date		Payee name						
	09/11/2023		Uber	-					
	Amount (\$)		-	ity; State;	Zip Co	de			
	\$20.00		555 Market Street						
			San Francisco, CA	94105					
	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of Distric	t				ide of Texas. Compl	
	EXPENDITORE							, officeholder living e	expense
						Transporta	tion t	to Capitol	
	Complete ONLY if direct		Candidate/Officeholder	name C	Office sou	ght		Office held	d
	expenditure to benefit C/OI	1							

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		<u>-</u>				3	Filer ID (Ethics Commission Filers)
-	Sch: 71/89 Rpt: 78/97		Moody, Joseph E. (The Honor	rable)				5	00062850
4	Date	5	Payee name						
	09/11/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$19.00		555 Market Street						
			San Francisco, CA 94105		-				
8	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	iedule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District						ide of Texas. Complete Schedule T.
							Transportatio		, officeholder living expense
							Παπορυπαιίο		Tom Capitor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ght			Office held
_	Date		Payee name						
	09/12/2023		Uber						
				State	· Zin Co	do			
	Amount (\$)		Payee address; City;	State	; Zip Co	ue			
	\$20.00		555 Market Street						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District						ide of Texas. Complete Schedule T.
	-								, officeholder living expense
							Transportatio		Capitol
	Complete ONLY if direct		Candidate/Officeholder name	(	Office sou	aht			Office held
	expenditure to benefit C/OI					9			
	Date		Payee name						
	09/13/2023		Uber						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$34.00		555 Market Street						
			San Francisco, CA 94105						
	PURPOSE OF	(a)	Category (See Categories listed at the t	op of this sch	edule)	(b)	Description		
	EXPENDITURE		Travel Out of District						ide of Texas. Complete Schedule T.
							Transportatio		, officeholder living expense
									σομισι
	Complete ONLY if direct		Candidate/Officeholder name	(	Office sou	aht			Office held
	expenditure to benefit C/Oł								
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nmittee L	vent Expense ees ood/Beverage Exper ift/Awards/Memorials egal Services <b>The Instruction G</b>	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens /ages	e /Contract Labor		Travel in Distric Travel Out of Di	Equipm t istrict	g Expense ent & Related Expense ory not listed above)	
1	Total pages Schedule F1:	2			· ·				3	Filer ID	(Eth	nics Commission Filers)	_
-	Sch: 72/89 Rpt: 79/97	2		ph E. (The Ho	norable)					00062850	(20		
4	Date	5	Payee name										
	09/13/2023		Uber										
6	Amount (\$)	7	Payee address	; City;	State;	; Zip Co	de						
	\$20.14		555 Market S	street									
			San Francisc	o, CA 94105									
8	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Travel Out of			,			outsi	de of Texas. Con	nplete S	Schedule T.	
	EXPENDITORE									officeholder livin		nse	
								Transportatio	n fr	om Capitol			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder name	C	Office sou	ght			Office h	eld		
	Date		Payee name										
	09/14/2023		Uber										
_	Amount (\$)		Payee address	; City;	State:	; Zip Co	de						-
	\$20.00		555 Market S		o tato,	, <u>_</u> .p ee							
	φ20.00												
			San Francisc	o, CA 94105									
	PURPOSE	(a)	Category (See	Categories listed at	the top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Travel Out of	District						de of Texas. Con			
										officeholder livin	g exper	nse	
								Transportatio	n u	Capitor			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	eholder name	C	Office sou	ght			Office h	eld		
-	Date		Payee name										-
	09/14/2023		Uber										
				··· Cit. //	Ctoto	· 7in 0-	de						
	Amount (\$)		Payee address	-	Siale;	; Zip Co	ue						
	\$20.00		555 Market S	oueet									
			San Francisc	0. CA 94105									
	DUDDOCC						<u>(}`</u>	Data i ii					_
	PURPOSE OF	(a)		Categories listed at	the top of this sch	edule)	(a)	Description		de of Texas. Con	nnloto C	Schedule T	
	EXPENDITURE		Travel Out of	District						officeholder livin			
								Transportatio					
										egaim		5	
_	Complete ONLV if direct	Ļ	Candidate/Office	boldor name		Office com	abt			Office h	old		_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januiuale/UIIIC	enoluer hattie	Ĺ	Office sou	ynt			Onice h	eiu		
	•												
1													- 1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Imittee Legal Services The Instruction Gui	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 73/89 Rpt: 80/97		Moody, Joseph E. (The Hond	orable)				00062850
4	Date	5	Payee name					
	09/14/2023		Uber					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$20.00		555 Market Street					
			San Francisco, CA 94105					
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	odulo)	(b) Description		
-	OF		Travel Out of District	top of this sch	euule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense
						Transportatio	n te	o Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	09/14/2023		Uber					
	Amount (\$)		Payee address; City;	State:	Zip Co	de		
	\$28.00		555 Market Street	otato,	, <u> </u>			
	Ψ20.00							
			San Francisco, CA 94105					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Travel Out of District	top of this sch	edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense rom Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held
	Date	ĺ	Payee name					
	09/15/2023		Uber					
-	Amount (\$)		Payee address; City;	State:	Zip Co			
	\$19.00		555 Market Street	State,	, zip coi	ue		
	\$19.00		555 Market Street					
			San Francisco, CA 94105					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Transportatio	n to	o Capitoi
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held

				EXPENDITU	RE CATEGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Expen Gift/Awards/Memorial Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	Contract Labor		Solicitation/Fund Transportation Ed Travel in District Travel Out of Dis OTHER (enter a	quipment & Relation	ated Expense
1	Total pages Schedule F1:	5			, and a start s				2	Filer ID	(Ethics Com	mission Filers)
1	Sch: 74/89 Rpt: 81/97			eph E. (The Ho	onorable)				3	00062850		
4	Date	5	Payee name									
	09/15/2023		Uber									
6	Amount (\$) \$20.23		Payee addres 555 Market San Francis	-	State;	; Zip Coo	de					
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out o				]	Check if travel of	, тх,	de of Texas. Comp officeholder living com Capitol		т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office soug	ght			Office he	ld	
	Date		Payee name									
	10/11/2023		Uber									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Coo	de					
	\$47.00		555 Market San Francis	Street co, CA 94105								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Travel Out o	e Categories listed at f District	the top of this sch	iedule)			, TX,	de of Texas. Comp officeholder living rom airport		г.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office soug	ght			Office he	ld	
	Date		Payee name									
	10/12/2023		Uber									
	Amount (\$) \$14.16		Payee addres 555 Market	-	State;	; Zip Coo	de					
			San Francis	co, CA 94105								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Travel Out o	e Categories listed at f District	the top of this sch	iedule)			, тх,	de of Texas. Comp officeholder living O Capitol		т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder name	C	Office sou	ght			Office he	ld	

			EXPENDIT	JRE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Distri	uipment & Related Expense
1	Total pages Schedule F1:	5					2	Filer ID	(Ethics Commission Filers)
1	Sch: 75/89 Rpt: 82/97		Moody, Joseph E. (The H	lonorable)				00062850	
4	Date	5	Payee name				•		
	10/12/2023		Uber						
6	Amount (\$) \$45.00		Payee address; City; 555 Market Street San Francisco, CA 94105		; Zip Coc	e			
8	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	edule)	b) Description			
	OF EXPENDITURE		Travel Out of District			Check if travel	ı, ТХ,	de of Texas. Comple officeholder living e D <b>airport</b>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held	d
	Date		Payee name						
	10/16/2023		Uber						
	Amount (\$)		Payee address; City;	State;	; Zip Coc	e			
	\$42.00		555 Market Street San Francisco, CA 94105	5					
	PURPOSE OF EXPENDITURE		Category (See Categories listed Travel Out of District	at the top of this sch	iedule)		ı, TX,	de of Texas. Comple officeholder living e rom airport	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	С	Office soug	ht		Office held	d
	Date		Payee name						
	10/16/2023		Uber						
	Amount (\$) \$37.17		Payee address; City; 555 Market Street	State;	; Zip Coc	е			
			San Francisco, CA 9410	5					
	PURPOSE OF EXPENDITURE		Category (See Categories listed Travel Out of District	at the top of this sch	edule)		ı, ТХ,	de of Texas. Comple officeholder living e D <b>airport</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 76/89 Rpt: 83/97		Moody, Joseph E. (The Honorable)				00062850		
4	Date 10/18/2023		Payee name Uber						
6	Amount (\$) \$52.44		Payee address; City; State; 555 Market Street San Francisco, CA 94105	Zip Coo	le				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	dule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense rom airport		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	ıht		Office held		
	Date		Payee name						
	10/19/2023		Uber						
	Amount (\$) \$41.23	I	Payee address; City; State; 555 Market Street	Zip Coo	le				
	PURPOSE	<u> </u>	San Francisco, CA 94105						
	OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	dule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense O airport		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice sou	Jht		Office held		
	Date		Payee name						
	10/23/2023		Uber						
	Amount (\$) \$60.23		Payee address; City; State; 555 Market Street	Zip Co	le				
			San Francisco, CA 94105						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Travel Out of District	dule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense o Capitol		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name O	ffice souç	Jht		Office held		

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	je Expense Iemorials Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
1	Total pages Schedule F1:	12				piete	2	Filer ID	(Ethics Commission Filers	c)
1	Sch: 77/89 Rpt: 84/97		Moody, Joseph E. (Th	ne Honorable)				00062850		<i>s)</i>
4	Date	5	Payee name				<u> </u>			
	10/23/2023		Uber							
6	Amount (\$) \$13.00		Payee address; City 555 Market Street San Francisco, CA 94		; Zip Cod	e				
8	PURPOSE	(a)	Category (See Categories I	listed at the top of this sch	redule)	b) Description				
	OF EXPENDITURE		Travel Out of District	ISLEU at the top or this sour		Check if travel	ı, TX,	de of Texas. Comp officeholder living o rom Capitol		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ame C	Office soug	ht		Office hel	ld	
	Date	Γ	Payee name	<b></b>						
	10/23/2023		Uber							
	Amount (\$)	$\vdash$	Payee address; City	/: State;	; Zip Cod	e				
	\$16.00		555 Market Street		, <u> </u>	-				
			San Francisco, CA 94	4105						
	PURPOSE OF EXPENDITURE		Category (See Categories I Travel Out of District	isted at the top of this sch	iedule) (		ı, TX,	de of Texas. Comp officeholder living O dinner mee	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder na	ame C	Office soug	ht		Office hel	ld	
	Date	Π	Payee name							
	10/24/2023		Uber							
	Amount (\$) \$14.00		Payee address; City 555 Market Street	; State;	; Zip Cod	е				
			San Francisco, CA 94	105						
	PURPOSE OF EXPENDITURE		Category (See Categories I Travel Out of District	isted at the top of this scho	iedule) (		I, TX,	de of Texas. Comp officeholder living ( o Capitol		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder na	ame C	Office soug	ht		Office hel	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 78/89 Rpt: 85/97		Moody, Joseph E. (The Honorable)				00062850			
4	Date 10/25/2023	5	Payee name Uber							
6	Amount (\$) \$15.00	7	Payee address; City; State; 555 Market Street San Francisco, CA 94105	Zip Co	de					
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Image: Check if Austin, TX, officeholder living exp Transportation to Capitol       Check if Austin, TX, officeholder living exp Transportation to Capitol							officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	Jht		Office held			
	Date		Payee name							
	10/26/2023		Uber							
	Amount (\$) \$70.00		Payee address; City; State; 555 Market Street	Zip Co	de					
			San Francisco, CA 94105							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Travel Out of District	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense O airport			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	yht		Office held			
	Date		Payee name							
	10/26/2023		Uber							
	Amount (\$) \$13.00		Payee address;City;State;555 Market Street	Zip Co	de					
			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						officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ffice sou	jht		Office held			

			EX	PENDITURE CA	TEGORIE	ES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw nmittee Legal S	Expense everage Expense ards/Memorials Expense Services nstruction Guide ex	C F Se F S	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	12			.p			2	Filer ID	(Ethics Commissio	n Eilare)
Ţ	Sch: 79/89 Rpt: 86/97	1	Moody, Joseph E	E. (The Honorab	le)			3	00062850		
4	Date	5	Payee name								
	10/30/2023		Uber								
6	Amount (\$) \$47.00		Payee address; 555 Market Stree San Francisco, C		State; 7	Zip Cod	9				
8	PURPOSE	(a)			f this school	ua) (	<b>b)</b> Description				
-	OF EXPENDITURE		<ul> <li>(b) Description</li> <li>Travel Out of District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Transportation to Capitol</li> </ul>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Offi	fice sougl	nt		Office he	eld	
	Date	Γ	Payee name								
	11/01/2023		Uber								
	Amount (\$)	┢	Payee address;	City;	State;	Zip Cod	9				
	\$76.23		555 Market Stree San Francisco, C	et		·					
_	DUDDOGE	-				0					
	PURPOSE OF EXPENDITURE		Category (See Cater Travel Out of Dis		f this schedu	ule) V		ı, TX,	de of Texas. Comp officeholder living D Capitol		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Offi	fice sougl	nt		Office he	eld	
F	Date	Π	Payee name								
	11/01/2023	1 I	Uber								
	Amount (\$) \$19.00	1	Payee address; 555 Market Stree	City; et	State; 2	Zip Cod	5				
			San Francisco, C	A 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 Capitol									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Offi	fice sougl	nt		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursemen           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           mmittee         Legal Services           Salaries/Wages/Contract Labor           The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · ·	<b>3</b> Filer ID (Ethics Commission Filers)						
-	Sch: 80/89 Rpt: 87/97	Moody, Joseph E. (The Honorable)	00062850						
4	Date	Payee name							
	11/07/2023	Uber							
6	Amount (\$) \$52.00	Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105							
8	PURPOSE	(b) Description							
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)       Check if Austin, TX, officeholder living expense    Transportation to Capitol									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/13/2023	Uber							
Amount (\$) Payee address; City; State; Zip Code									
	\$53.00	555 Market Street San Francisco, CA 94105							
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense tion to Capitol						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/13/2023	Uber							
	Amount (\$) \$13.00	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 Transporation from Capitol									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Re Fees Office Overhead/Rer Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Con The Instruction Guide explains how to complete th	ttal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District tract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · ·	3 Filer ID (Ethics Commission Filers)							
_	Sch: 81/89 Rpt: 88/97	loody, Joseph E. (The Honorable)	00062850							
4	Date 11/14/2023	ayee name ber								
6		Payee address; City; State; Zip Code								
6	Amount (\$) \$18.00	55 Market Street								
	San Francisco, CA 94105									
8	PURPOSE OF EXPENDITURE	ravel Out of District	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ansportation to Capitol							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	11/14/2023	ber								
	Amount (\$) \$19.00	ayee address; City; State; Zip Code 55 Market Street								
		an Francisco, CA 94105								
	PURPOSE OF EXPENDITURE	ravel Out of District	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ansportation from legislative meeting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							
_	Date	ayee name								
	11/15/2023	lber								
	Amount (\$) \$127.00	ayee address; City; State; Zip Code 55 Market Street								
		an 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 <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2		· ·		•		3	Filer ID (Ethics Commission Filers)
-	Sch: 82/89 Rpt: 89/97		Moody, Joseph E. (The Hono	rable)				5	00062850
4	Date	5	Payee name						
	11/16/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$24.86		555 Market Street						
			San Francisco, CA 94105						
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
-	OF		Travel In District	top of this sch	euule)	(-)	<u> </u>	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						Check if Austin	, TX,	, officeholder living expense
							Transportatio	n to	o airport
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office held
	Date		Payee name						
	11/16/2023		Uber						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$22.00		555 Market Street	etato,	, <u></u> .p ee				
	Ψ22.00		ooo market oncer						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District						ide of Texas. Complete Schedule T.
									, officeholder living expense
							Transportatio		rom legislative meeting
	Complete ONL V if direct		Candidate/Officeholder name		Office sou	abt			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C		yn			Onice held
-	Date								
	11/16/2023		Payee name Uber						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$40.00		555 Market Street						
L			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Travel Out of District						ide of Texas. Complete Schedule T.
	EXIENDITORE							, officeholder living expense	
							ı ransportatio	n to	o legislative meeting
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held
	expenditure to benefit C/OI	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nmittee Legal S	everage Expense ards/Memorials Expen		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e 'Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & R	elated Expense
1	Total pages Schedule F1:	5		5114011011	Ab1201-2				3	Filer ID	(Ethics Co	mmission Filers)
	Sch: 83/89 Rpt: 90/97	2	Moody, Joseph E	. (The Honoral	ole)				3	00062850	(Ethics Co	
4	Date	5	Payee name									
	11/16/2023		Uber									
6	Amount (\$) \$62.00	7	Payee address; 555 Market Stree	City; t	State;	Zip Co	de					
			San Francisco, C	A 94105								
8	PURPOSE OF EXPENDITURE	Category <sub>(See Categ</sub> Travel Out of Dis		of this sche	edule)			, TX,	de of Texas. Com officeholder living Om airport		е Т.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	11/17/2023		Uber									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$24.00		555 Market Stree San Francisco, C									
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categ</sub> Travel Out of Dis		of this sche	edule)			, TX,	de of Texas. Com officeholder living O Capitol		е Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholc	er name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	12/04/2023		Uber									
	Amount (\$) \$60.00		Payee address; 555 Market Stree	City; t	State;	Zip Co	de					
			San Francisco, C	A 94105								
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categ</sub> Travel Out of Dis		of this sche	edule)			, TX,	de of Texas. Com officeholder living om airport		e T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gitt/Awards/Memorials Imittee Legal Services The Instruction G	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2		· · ·		r	3	Filer ID (Ethics Commission Filers)	
-	Sch: 84/89 Rpt: 91/97	2	Moody, Joseph E. (The Ho	norable)				00062850	
4	Date	5	Payee name						
	12/05/2023		Uber						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de			
	\$51.00		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					ide of Texas. Complete Schedule T.	
	-					Transportatio		, officeholder living expense	
						Transportatio	110		
9	Complete ONLY if direct		andidate/Officeholder name		Office sou	aht		Office held	
	expenditure to benefit C/OF					gin			
	Date		Payee name						
	12/07/2023		Uber						
Amount (\$) Payee address; City; State; Zip Code									
	\$54.00 555 Market Street								
			San Francisco, CA 94105						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Travel Out of District	he top of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense rom airport	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held	
	_	-							
	Date		Payee name						
	12/07/2023		Uber						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$39.00		555 Market Street						
			San Francisco, CA 94105						
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Transportatio	пΰ	υ απρυτ	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	gnt		Office held	

			EXPENDITURE		RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E mittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Tatal pages Cabadula F1						1		(Ethias Commission Filoro)	$\neg$
1	1 5							Filer ID	(Ethics Commission Filers)	
	Sch: 85/89 Rpt: 92/97		Moody, Joseph E. (The Hon	orable)				00062850		
4	Date 11/14/2023		Payee name Uber							
										_
6	Amount (\$) \$20.00		Payee address; City; 555 Market Street San Francisco, CA 94105	State;	; Zip Coo	le				
8	PURPOSE	(a)	Category (See Categories listed at the	top of this och	adula)	<b>b)</b> Description				$\neg$
0	OF EXPENDITURE		Travel Out of District	e top of this sch	leaule)	Check if travel	n, TX, (	le of Texas. Comp officeholder living legislative n	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office he	eld	
	Date		Payee name							
	07/10/2023		Wal Mart							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				$\neg$
	\$193.14		7831 Paseo Del Norte Blvd El Paso, TX 79912							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Event Expense	e top of this sch	edule)	Check if Austir	n, TX, (	le of Texas. Comp officeholder living ES for back t		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	eld	
	Date		Payee name							╡
	08/11/2023		Weso Steakhouse							
	Amount (\$) \$42.00		Payee address; City; 601 N Mesa Ste 150	State;	; Zip Coo	le				_
			El Paso, TX 79901							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Food/Beverage Expense	e top of this sch	edule)		n, TX, (	le of Texas. Comp officeholder living ative issues		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 86/89 Rpt: 93/97	Moody, Joseph E. (The Honorable)	00062850							
4	Date 11/15/2023	5 Payee name Weso Steakhouse								
6 Amount (\$) \$105.00 Payee address; City; State; Zip Code 601 N Mesa Ste 150 El Paso, TX 79901										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Dinner meeting - Legislative issues										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/03/2023	Westside Democrats of El Paso								
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 405 Valplano								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IUES							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/04/2023	Wing Daddy's								
	Amount (\$) \$36.00	Payee address; City; State; Zip Code 7500 N Mesa								
		El Paso, TX 79912								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nstituent							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		•		•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 87/89 Rpt: 94/97	<u> </u>	Moody, Joseph E. (The Hono	rable)				00062850		
4	Date	5	Payee name							
	12/19/2023		Wing Daddy's							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de				
	\$120.00		7500 N Mesa							
			El Paso, TX 79912							
8	PURPOSE	(a)	Category (See Categories listed at the			(b) Description				
Ũ	OF	(,	Food/Beverage Expense	top of this sch	iedule)		outs	side of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	ı, TX	K, officeholder living expense		
						District staff I	luno	ch		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	yht		Office held		
	Date		Payee name							
	08/22/2023		Xochitl Flowers and Gifts							
Amount (\$) Payee address; City; State; Zip Code										
\$97.41 6948 N Mesa										
	φ37.41		0040 11 11030							
			El Paso, TX 79912							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Gift/Awards/Memorials Exper		edule)	(b) Description	outs	side of Texas. Complete Schedule T.		
								c, officeholder living expense norial service		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ght		Office held		
	Date		Payee name							
	07/03/2023		Zoom Video Communications	s Inc						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de				
	\$17.04		55 Alamaden Blvd 6th Floor							
			San Jose, CA 95113							
	PURPOSE OF	(a)	Category (See Categories listed at the		edule)	(b) Description	oute	side of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expe	nse				c, officeholder living expense		
								or campaign & officeholder meeting		
	Complete ONIL V if direct	Ľ	Condidato/Officabaldar name		Office cours	ht.		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office soug	JIIL		Office held		
-										

			EXPENDITURE CATEGORI	ES FOR	BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	EII ER NAME			3	Filer ID (Ethics Commission Filer	rs)			
-	Sch: 88/89 Rpt: 95/97	I	Moody, Joseph E. (The Honorable)			-	00062850	3)			
4	Date	5	Payee name								
	08/03/2023		Zoom Video Communications Inc								
6	Amount (\$) \$17.04		Payee address; City; State; 55 Alamaden Blvd 6th Floor San Jose, CA 95113	Zip Cod	e						
8	PURPOSE	(a)	Catagony		b) Description						
Ŭ	OF		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	ule)		outsic	de of Texas. Complete Schedule T.				
	EXPENDITURE		Onice Overneau/Kental Expense				officeholder living expense				
					Zoom accour	nt fo	or campaign & officeholder meeti	ngs			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name Off	fice sougl	nt		Office held				
	Date		Payee name								
	09/05/2023		Zoom Video Communications Inc								
_	Amount (\$)		Payee address; City; State;	Zip Cod	9						
		I		Zip Cou	e						
	\$17.04		55 Alamaden Blvd 6th Floor								
			San Jose, CA 95113								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	<sub>dule)</sub> (I	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense or campaign & officeholder meeti	ngs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice sougl	nt		Office held				
	Date		Payee name								
	10/02/2023		Zoom Video Communications Inc								
				Zin Cod							
	Amount (\$) \$17.04		Payee address; City; State; 55 Alamaden Blvd 6th Floor	Zip Cod	e						
			San Jose, CA 95113								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	iule) <b>(</b> I	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense or campaign & officeholder meeti	ngs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name Off	fice sougl	nt		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	aymer erheac pense xpens Vages	ht/Reimbursement d/Rental Expense e /Contract Labor		Transportatio Travel in Dist Travel Out of	n Equ rict Distri	ising Expense iipment & Related Expense ct ttegory not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(	(Ethics Commission Filers)
	Sch: 89/89 Rpt: 96/97		Moody, Jos	seph E. (The Ho	onorable)					00062850	0	
4	Date	5	Payee name	9								
	11/02/2023		Zoom Vide	o Communicatio	ons Inc							
6	Amount (\$)	7	Payee addre			Zip Co	de					
	\$17.04		55 Alamad	en Blvd 6th Floo	or							
San Jose, CA 95113												
8	PURPOSE	(a)	Category	See Categories listed at	the ten of this cab	odulo)	(b)	Description				
	OF			rhead/Rental Ex		euule)	()		outsi	de of Texas. C	omple	ete Schedule T.
	EXPENDITURE							Check if Austin			-	
								Zoom accour	nt fo	or campai	gn &	cofficeholder meetings
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	Office sou	ight			Office	helo	1
	Date		Payee name	9								
	12/04/2023		Zoom Vide	o Communicatio	ons Inc							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$17.04		55 Alamad	en Blvd 6th Floo	or							
			San Jose,	CA 95113								
	PURPOSE	(a)	Category (s	See Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			rhead/Rental Ex				Check if travel				
								Check if Austin				xpense & officeholder meetings
									n n	σταπραιί	yn o	concentrater meetings
	Complete ONLY if direct		Candidate/Of	ficeholder name	C	Office sou	l Ight			Office	helo	t
	expenditure to benefit C/OI	H					-					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement erhead/Rental Expense kpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 1/1 Rpt: 97/97	2 FILER NAME Moody, Joseph E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062850
4 Date 08/17/2023	5 Payee name Hertz Car Rental		
6 Amount (\$) \$103.98	7 Payee address;       City;       State; Zip Code         3600 Presidential Blvd		
X Reimbursement from political contributions intended	Austin, TX 78719		
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 rel to Houston for Board Managers
9     Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit     C/OH     C/OH     Office sought     Office held			
Date 09/21/2023	Payee name Residence Inn Austin		
Amount (\$) \$4,161.15	Payee address; City; State; Zip Code 300 East 4th Street		
X         Reimbursement from political contributions intended	Austin, TX 78701		
PURPOSE OF EXPENDITURE	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 while tending to legislaltive business
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held