CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	•	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00088058		23			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME		Carrie Elizabeth			02/05/2024	
		NICKNAME	LAST		SUFFIX	·· ·	
			De Moor, MD, F	ACEP		Date Hand-delivere	d or Date Postmarked
	ORIGINAL	X January 15	Runoff	Other (specify)	Bate Fland delivere	a or bate i osanamea
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp			_	
		8th day before election	appointment (office	• • • • • • • • • • • • • • • • • • • •		Date Processed	
_	ORIGINAL PERIOD				Year	_	
	COVERED	Month Day Yea	THROUGH	Month Day 12/31/2023	Teal	Date Imaged	
_	EXPLANATION OF C			12/31/2023			
		orrected to include moneta	ru aantributiana that wa	are reported on the or	anial annaina ra	nort but wore no	t reported on the or
	AFFIDAVIT		and	ear, or affirm, under p correct. ck the box next to an	, , ,		ted report is true
	AFFIDAVIT		and	correct.	, , ,		ted report is true
	AFFIDAVIT		and	correct.	y and all applica ts: I swear, of aith and withou	able statements: r affirm that the or t an intent to misle	riginal report ead or to
	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual repor was made in good to	y and all applica ts: I swear, of faith and withour formation contains swear, or affirm the 14th busing riginally filed is in at any error or o	able statements: r affirm that the or t an intent to mislined in the report. I, that I am filing thess day after the oraccurate or inco	riginal report ead or to nis corrected date I learned mplete. I
	AFFIDAVIT		and Che	correct. ck the box next to an Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, that filed was made in g	y and all applica ts: I swear, or faith and withour formation conta swear, or affirm the 14th busine riginally filed is in at any error or or ood faith.	able statements: r affirm that the or t an intent to mislined in the report. I, that I am filing thess day after the oraccurate or inco	riginal report ead or to his corrected date I learned mplete. I ort as originally
			and Che	Semiannual report was made in good to misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, that filed was made in general controls.	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busine riginally filed is i at any error or o ood faith.	able statements: r affirm that the or t an intent to misle ined in the report. t, that I am filing the ess day after the naccurate or inco mission in the rep	riginal report ead or to his corrected date I learned mplete. I ort as originally
		AMP / SEAL ABOVE	and Che	Semiannual report was made in good to misrepresent the in Other reports: I report not later than that the report as of swear, or affirm, that filed was made in general controls.	y and all applica ts: I swear, o faith and withou formation conta swear, or affirm the 14th busine riginally filed is i at any error or o ood faith.	able statements: r affirm that the or t an intent to mislined in the report. r, that I am filing thess day after the naccurate or inco mission in the report. floor, MD, FACE	riginal report ead or to his corrected date I learned mplete. I ort as originally
	AFFIX NOTARY ST		and Che X	correct. ck the box next to an Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as on swear, or affirm, that filed was made in g Carrie E Signat	y and all applica ts: I swear, or faith and withour formation conta swear, or affirm the 14th busine riginally filed is i at any error or or ood faith. Elizabeth De M ure of Candidate	able statements: r affirm that the or t an intent to miskined in the report. I, that I am filing these day after the enaccurate or incomission in the report. Ioor, MD, FACE or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as on swear, or affirm, that filed was made in g Carrie E Signat	y and all applica ts: I swear, of aith and withour formation conta swear, or affirm the 14th busing riginally filed is it any error or or ood faith. Elizabeth De Mure of Candidate this in the second faith.	able statements: r affirm that the or t an intent to miskined in the report. I, that I am filing these day after the enaccurate or incomission in the report. Ioor, MD, FACE or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally
	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good of misrepresent the in Other reports: I report not later than that the report as on swear, or affirm, that filed was made in g Carrie E Signat	y and all applica ts: I swear, of aith and withour formation conta swear, or affirm the 14th busing riginally filed is it any error or or ood faith. Elizabeth De Mure of Candidate this in the second faith.	able statements: r affirm that the or t an intent to miskined in the report. I, that I am filing these day after the enaccurate or incomission in the report. Ioor, MD, FACE or Officeholder	riginal report ead or to his corrected date I learned mplete. I rort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00088058		2 Total pages	filed: 23
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Carrie Elizabe	th	MI	OFFICE	USE ONLY
NAME		Carrie Liizabe	uı		Date Received ELECTRONI	CALLY FILED
	NICKNAME			CUEFIX	02/05/2024	
	NICKNAME	LAST De Moor, MD,	FACEP	SUFFIX	02/00/2024	
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	8668 John Hickman Pkwy					
ADDRESS	Ste. 502				Receipt #	Amount
Change of Address	Frisco, TX 75034					
🖰					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME		Thomas				
	NICKNAME			SUFFIX		
		LAST Datwyler		SUFFIX		
		Datwylei				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CIT	Y; S	TATE; ZIP CODE
TREASURER ADDRESS	8668 John Hickman Pkwy					
	Ste. 502					
(Residence or Business)	Frisco, TX 75034					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(202) 866-8229					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after	campaign treasurer officeholder only)
	July 15	8th day before e	election \square	Exceeded modified		Attach C/OH-FR)
				reporting limit		
9 PERIOD COVERED	Month Day Year			Month Da		
COVERED	10/01/2023	TH	IROUGH	12/31/2	023	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024		eneral	Special	<u> </u>	
			cherui	Бороски		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUG		
	None District SD 30 Dento	n		State Senator	District 30	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 23

13 C / OH NAME	De Moor, MD, FACE	P, Carrie Elizabeth	14 Filer ID ((Ethics Commission Filers	s)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made withood officeholders are required to report this information.	ut the candidate's or office	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS			
16 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)				\$ 0.0	00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 55,337.9	94	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.0	Э0	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 66,024.4	47	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$ 260,435.4	42	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 295,000.0	Э0	
17 AFFIDAVIT		l swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required t			
		Carria Eliz	abeth De Moor, MD, FA	7CEB		
			of Candidate or Officehol			
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

4 of 23

			4 of 23	
18 FILER NAME De Moor, MD,	19 Filer ID 00088058	(Ethics Commission Filers)		
20 SCHEDULE SU NAME OF SCHE	SUBTOTAL AMOUNT			
1. X SCI	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 35,598.00	
2. X SCI	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 19,739.94	
3. SCI	HEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCI	\$ 295,000.00			
5. X SCI	\$ 66,024.4			
6. SCI	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCI	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. SCI	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCI	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
10. SCI	HEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCI	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
12. SCI	\$			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/23	
2	FILER NAME De Moor, ME), FACEP, Carrie Elizabeth			3	Filer ID (Ethics Commission 00088058	on Filers)
4	Date 10/30/2023)	7	Amount of Contribution (\$)	\$500.00
_	D: : 1	Frisco, TX 75034	- Ia				
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 10/30/2023	Full name of contributor out-o Ayoub, Chris Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:) Barbee, Sam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75254					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/04/2023	Blackmire, Brian	f-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/31/2023	Castorena, Samantha	f-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/23	
2	FILER NAME De Moor, MD), FACEP, Carrie Elizabeth			3	Filer ID (Ethics Commission 00088058	n Filers)
4	Date 10/24/2023	5 Full name of contributor Darden, Daphnie	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Frisco, TX 75034 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/07/2023	Full name of contributor Doliner, Adir Contributor address; City; State; Austin, TX 78731	out-of-state PAC (ID#:	Retired		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/06/2023	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/06/2023	Full name of contributor Flores, Mercedes Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	Frisco, TX 75033 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/19/2023	Full name of contributor Jordaan, Amanda Contributor address; City; State; Frisco, TX 75035	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			·				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/23	
2	FILER NAME De Moor, ME	D, FACEP, Carrie Elizabeth			3	Filer ID (Ethics Commission 00088058	n Filers)
4	Date 10/25/2023	5 Full name of contributor Kailes, Steven6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
8	Principal occur	Orange Park, FL 32073 pation / Job title (See Instructions)	اه	Employer (See Instructions			
	Retired	pation / 305 title (300 manachons)	, and the second	Retired	')		
	Date 11/08/2023	Full name of contributor Kalogirou, Carole Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	Deinainal assu	Plano, TX 75023		Franksian (Caalinatuustiana	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/07/2023	Full name of contributor Kalogirou, Carole Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Plano, TX 75023					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/30/2023	Full name of contributor Kivela, Paul Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/08/2023	Full name of contributor Mergen, Daniel Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			<u>'</u>				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/23	
2	FILER NAME De Moor, ME	D, FACEP, Carrie Elizabeth				3	Filer ID (Ethics Commission 00088058	on Filers)
4	Date 11/07/2023	5 Full name of contributor Mergen, Daniel6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Deinainal accu	Frisco, TX 75034			Frankriau (Coo Instructions	_		
8	Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions Retired			
	Date 10/25/2023	Full name of contributor Moulin, Aimee Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	Sacramento, CA 95819 pation / Job title (See Instruction:	s)		Employer (See Instructions Retired	 i)		
	Date 12/06/2023	Full name of contributor Mungioli, Armando Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu	Frisco, TX 75033 pation / Job title (See Instruction:	5)		Employer (See Instructions	 - s)		
	Retired				Retired			
	Date 10/24/2023	Full name of contributor Nguyen, Trung Contributor address; City; S Tyler, TX 75703)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	<u>l</u> s)		
	Date 12/08/2023	Full name of contributor Norris, Warren Contributor address; City; S Frisco, TX 75034	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu Partner	pation / Job title (See Instruction	5)		Employer (See Instructions Titan Consulting	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/23	
2	FILER NAME De Moor, ME	D, FACEP, Carrie Elizabeth			3	Filer ID (Ethics Commission 00088058	on Filers)
4	Date 12/04/2023	5 Full name of contributor Rostami, Matt6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)	٩	Employer (See Instructions)		
	Retired	pation / Job title (See Instituctions)		Retired	,		
	Date 10/19/2023	Full name of contributor Rush, Jason Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Lakewood Village, TX 7506 pation / Job title (See Instructions)	8	Employer (See Instructions)		
	Retired			Retired			
	Date 12/04/2023	Full name of contributor Thevenot, Casey Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Frisco, TX 75033					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 10/28/2023	Full name of contributor Walters, Jennifer Contributor address; City; Stat Frisco, TX 75033	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/23/2023	Full name of contributor Wolf, Robert Contributor address; City; Stat Frisco, TX 75034	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/23	
2	FILER NAME De Moor, MI	FILER NAME De Moor, MD, FACEP, Carrie Elizabeth			Filer ID (Ethics Commission 00088058	n Filers)
4	Date 11/06/2023	5 Full name of contributor out-of-state PAC (ID#:_ de Moor, Carrie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25,000.00
		Frisco, TX 75034				
8	Principal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	s)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_ de Moor, Ruud Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	Frisco, TX 75034 spation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#:_hulse, robin Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$22.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 11/23			
2 FILER NAME De Moor, M	D, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
5 Date 12/31/2023	 6 Full name of contributor	8 Amount of contribution (\$) 9 In-kind contribution description \$8,500.00 Remington Research Group Poll				
	Frisco, TX 75034		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occi Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Self Employed	-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$6,000.00 Cannon Research			
	Frisco, TX 75034		I I Check if travel outside of Texas. Complete Schedule T.			
Principal occi Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self Employed	-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,950.00 Stoneridge Group			
	Frisco, TX 75034		Check if travel outside of Texas. Complete Schedule T.			
Principal occi Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self Employed	I-JUDICIAL) (See instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/2 Rpt: 12/23		
2 FILER NAME De Moor, M	D, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 12/31/2023	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$1,200.00 The Nerd Ranch			
	Frisco, TX 75034	1	Check if travel outside of Texas. Complete Schedule T.		
Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Self Employed	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$2,000.00 Frisco Printing		
	Frisco, TX 75034		Check if travel outside of Texas. Complete Schedule T.		
Principal occu Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self Employed			
	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date 12/31/2023	Full name of contributor out-of-state PAC (ID#: de Moor, Carrie Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$89.94 Stoneridge Group		
	Frisco, TX 75034		I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu Doctor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self Employed	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

	LOANS							SCHEDULE E		
	The Instructio	n Guide explains ho	ow to co	omplete this f	orm.	ı		ges Schedule E: 2 Rpt: 13/23		
2	FILER NAME De Moor, MD, FA	ACEP, Carrie Elizabeth				(Ethics Commission Filers)				
4	TOTAL OF UN	ITEMIZED LOANS						\$		
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:			9 Loan Amount (\$)		
	12/04/2023	De Moor, Carrie						\$50,000.00		
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate 0.00 11 Maturity Date		
	No	Frisco, TX 75034						12/31/2023		
12	Principal occupation	n / Job title (See Instruction	ns)		13 Employer (See Instructions	5)		<u> </u>		
	Emergency Roo	m Physician			Self Employed					
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address;	City;	State;	Zip Code					
20	Principal occupation	on			21 Employer (See Instructions	s)		I		
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)		
	12/13/2023	De Moor, Carrie						\$75,000.00		
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate 0.00		
	No	5 in a TV 75004						Maturity Date		
	Daine die alle a consenti	Frisco, TX 75034	>		Faralasas (Caralasatas atiana	- \		12/31/2023		
	Emergency Roo	on / Job title (See Instructio m Physician	ns)		Employer (See Instructions) Self Employed					
	Description of Coll				Check if personal funds were deposited into political account					
	X None							(See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor			L			Amount Guaranteed (\$)		
	X not applicable	Guarantor address;	City;	State;	Zip Code					
	Principal occupation	on			Employer (See Instructions	5)				

			SCHEDULE E
on Guide explains how to complete this f	form.	1	ges Schedule E: 2 Rpt: 14/23
FACEP, Carrie Elizabeth		(Ethics Commission Filers)	
NITEMIZED LOANS			\$
7 Name of lender out-of-state PA De Moor, Carrie	C (ID#:)	9 Loan Amount (\$) \$170,000.00
8 Lender address; City; State;	Zip Code		10 Interest Rate 0.00 11 Maturity Date
Frisco, TX 75034			12/31/2023
	13 Employer (See Instructions	;)	
om Physician	Self Employed	,	
llateral	15 Check if personal funds we	re deposited	into political account
			(See Instructions)
17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State;	Zip Code		
on	21 Employer (See Instructions	3)	
	ACEP, Carrie Elizabeth NITEMIZED LOANS 7 Name of lender	7 Name of lender	Sch: 2// ACEP, Carrie Elizabeth 7 Name of lender

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/9 Rpt: 15/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth 3 Filer ID (Ethics Commission Filers) 00088058
4	Date 12/18/2023	5 Payee name 10Six Consulting, LLC
6	Amount (\$) \$39.95	7 Payee address; City; State; Zip Code 502 6th Street
		Hudson, WI 54016
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Shipping and Postage (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping and Postage
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 12/31/2023	Payee name Anedot
	Amount (\$) \$356.61	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 12/18/2023	Payee name Anthem Media and Message, Inc
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 7415 Southwest Pkwy
		Austin, TX 78735
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 16/23	De Moor, MD, FACEP, Carrie Elizabeth 00088058
4	Date	5 Payee name
	11/20/2023	Anthem Media and Message, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,500.00	7415 Southwest Pkwy
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Consulting
		Scheral Sonsalang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Payee name
	11/20/2023	Anthem Media and Message, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,655.00	7415 Southwest Pkwy
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense General Consulting
		Scheral Consularity
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	11/20/2023	Payee name Anthem Media and Message, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,500.00	7415 Southwest Pkwy
		Austin, TX 78735
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense General Consulting
		Scheral Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
Ļ	Sch: 3/9 Rpt: 17/23	
4	Date 12/22/2023	5 Payee name AxCapital
<u>ــــــــــــــــــــــــــــــــــــ</u>	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$1,000.00	800 W 47th St
	Ψ1,000.00	STE 200
		Kansas City, MO 64112
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Compliance Consulting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	
	11/15/2023	Payee name Buskirk, Sara
L		
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 11664 FM 901
	φ3,000.00	11004 FM 901
		Sadler, TX 76264
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	Power name
	11/20/2023	Payee name Buskirk, Sara
┝		
	Amount (\$) \$88.80	Payee address; City; State; Zip Code 11664 FM 901
	φ00.00	11004 HM 901
		Sadler, TX 76264
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 18/23	De Moor, MD, FACEP, Carrie Elizabeth 00088058
4	Date	5 Payee name
	12/14/2023	Buskirk, Sara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	11664 FM 901
		Sadler, TX 76264
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/28/2023	Buskirk, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	11664 FM 901
		Sadler, TX 76264
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Consulting
		- Samping Containing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/06/2023	Buskirk, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	11664 FM 901
		Sadler, TX 76264
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		General Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Orange to borion Oron	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 19/23	De Moor, MD, FACEP, Carrie Elizabeth	00088058
4	Date	5 Payee name	<u>'</u>
	12/06/2023	Buskirk, Sara	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$727.12	11664 FM 901	
		Sadler, TX 76264	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF	, _	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		ck if Austin, TX, officeholder living expense
		Trave	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/6	'	
	Date	Payee name	
	11/15/2023	Chain Bridge Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1445A Laughlin Ave	
		McLean, VA 22101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	Accounting/Banking Che	ck if travel outside of Texas. Complete Schedule T.
		│	ck if Austin, TX, officeholder living expense
		Daik	rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
	Data		
	Date 11/20/2023	Payee name Chain Bridge Bank	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1445A Laughlin Ave	
		McLean, VA 22101	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Accounting/Banking	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		Bank	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printir Salari	·	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:						ı	Filer ID	(Ethics Commission Filers)
L	Sch: 6/9 Rpt: 20/23	De Moor, N	ID, FACEP, Carrie E	Elizabeth				00088058	
4	Date	5 Payee name	;						
	12/08/2023	Chain Brid							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$25.00	1445A Lau	ghlin Ave						
		McLean, V	A 22101						
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting		,		_ ·	outsic	de of Texas. Comp	plete Schedule T.
	EXPENDITORE					\Box	ı, TX,	officeholder living	expense
						Bank Fees			
_	Occupation Of the Control of the Con	0 111 - 153	e l l-l -					C.":	1-1
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	sought			Office he	ela
	Date	Payee name	;						
	12/14/2023	Chain Brid	ge Bank						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$25.00	1445A Lau	ghlin Ave						
		McLean, V	A 22101						
	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting		,		Check if travel	outsic	de of Texas. Comp	plete Schedule T.
	EXI ENDITORE					_	ı, TX,	officeholder living	expense
						Bank Fees			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office s	SOLIGHt SOLIGHT			Office he	ald
	expenditure to benefit C/O		nconduct name	Offices	ougiii			Onice He	лu
\vdash	Data	D							
	Date	Payee name							
	12/18/2023	Chain Brid		<u> </u>					
	Amount (\$)	Payee addre		State; Zip	Code				
	\$25.00	1445A Lau	gniin Ave						
		McLean, V	A 22101						
\vdash	PURPOSE			-FALL - C. C.	(h)	Description			
	OF	Accounting	See Categories listed at the top	or this schedule)	(5)		outsic	de of Texas. Comp	plete Schedule T.
	EXPENDITURE		y. = v			Check if Austin	n, TX,	officeholder living	expense
						Bank Fees			
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office	sought			Office he	eld
	experiorale to belieff C/Of	1							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		Legal Services			se s/Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment		The Instruction Gui	ide explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3	Filer ID	(Ethics Commission F	Filers)
	Sch: 7/9 Rpt: 21/23	De Moor, M	ID, FACEP, Carri	ie Elizabeth				00088058		
4	Date	5 Payee name								
	12/28/2023	Chain Bridg	je Bank							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$25.00	1445A Lau	ghlin Ave							
		McLean, V	A 22101							
8	PURPOSE				(h)	Description				
٠	OF	Accounting	ee Categories listed at the	e top of this schedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	/ Accounting	Danking			=		officeholder livin		
						Bank Fees				
9	Complete ONLY if direct		ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	н								
_	Date	Payee name								
	12/28/2023	Install Conr	nect, INC							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$4,465.00	505 W STA	TE ST							
		GARLAND	TX 75040							
	PURPOSE		ee Categories listed at the	- +	(b)	Description				
	OF	Printing Ex		e top of this schedule)	(.,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		301130			Check if Austin,	TX,	officeholder livin	g expense	
						Printing				
	Complete ONLY if direct		ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	12/11/2023	Jennifer Sh	eehan Ministries							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$1,000.00	2770 Main	St							
		#284								
		Frisco, TX	75033							
	PURPOSE		ee Categories listed at the	o top of this schodule)	(b)	Description				
	OF	Consulting		e top or triis scriedule)	`~		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		t					officeholder livin	g expense	
						General Cons	sult	ing		
_	Complete ONLY if direct		ceholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	П								

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/9 Rpt: 22/23 De Moor, MD, FACEP, Carrie Elizabeth 00088058 4 Date Payee name 12/14/2023 Keepers Press, LLC 6 Amount (\$) Payee address; State; Zip Code \$11,052.33 1905 Alpha Dr Suite 170 Rockwall, TX 75087 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2023 Neel & Partners Amount (\$) Payee address; City; State; Zip Code \$3,500.00 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense General Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2023 Neel & Partners Amount (\$) Payee address: City; State; Zip Code \$95.00 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Direct Mail/Emails/Texting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Printing Exp Salaries/Wa	ges/Con		Travel Out o OTHER (ent	f District er a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 23/23			D, FACEP, Carrie	Elizabeth	1			0008805	58
4	Date	5	Payee name							
	12/23/2023		Neel & Partr	ners						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	е			
	\$1,300.00		8601 Ice Ho	use Dr						
			Unit 7108							
			North Richla	and Hills, TX 7618	80					
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ton of this sche	dule) (b) De	scription		
	OF	``	Advertising		top of this serie	uuic)	ĺП		utside of Texas. (Complete Schedule T.
	EXPENDITURE		3	•				Check if Austin,	TX, officeholder I	iving expense
							Dir	ect Mail/En	nails/Texting	g
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	O	ffice soug	ht		Office	e held
	Date		Payee name							
	11/28/2023		Solutions for	r Texas in Fundra	ising LLC					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	е			
	\$5,094.66		1505 ELM S	STREET 405						
			Dallas, TX 7	'5201						
	PURPOSE OF	(a)		e Categories listed at the	top of this sche	dule) (b) De	scription		
	EXPENDITURE		Consulting E	Expense			⊢		utside of Texas. (TX, officeholder l	Complete Schedule T.
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