

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088058	2 Total pages filed: 23	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Carrie Elizabeth	MI
	NICKNAME	LAST De Moor, MD, FACEP	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year 10/01/2023	THROUGH	Month Day Year 12/31/2023

6 EXPLANATION OF CORRECTION

This report is being corrected to include monetary contributions that were reported on the special session report, but were not reported on the semi-annual report. In addition, lines 5 and 6 on the report totals page were not filled in on the semi-annual report and have been corrected. Candidate in-kind contributions have also now been included. The Committee does not know why the previous treasurer incorrectly filed the semi-annual report and he was uncommunicative and unforthcoming when asked. As such, the Committee has engaged the services of a new treasury firm and will work to ensure all future reports are filled out and filed correctly.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Carrie Elizabeth De Moor, MD, FACEP

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**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 complete this form.		1 Filer ID (Ethics Commission Filers) 00088058	2 Total pages filed: 23
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carrie Elizabeth	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX De Moor, MD, FACEP	Date Received ELECTRONICALLY FILED 02/05/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8668 John Hickman Pkwy Ste. 502 Frisco, TX 75034		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Thomas		
	NICKNAME LAST SUFFIX Datwyler		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8668 John Hickman Pkwy Ste. 502 Frisco, TX 75034		
7 CAMPAIGN TREASURER PHONE	AREA CODE (202)	PHONE NUMBER 866-8229	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 10/01/2023	THROUGH	Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) None District SD 30 Denton	12 OFFICE SOUGHT (if known) State Senator District 30	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME De Moor, MD, FACEP, Carrie Elizabeth	14 Filer ID (Ethics Commission Filers) 00088058
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,337.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 66,024.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 260,435.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 295,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carrie Elizabeth De Moor, MD, FACEP

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	19 Filer ID (Ethics Commission Filers) 00088058
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,598.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 19,739.94
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 295,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 66,024.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew, Madeline <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayoub, Chris <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbee, Sam <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmire, Brian <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castorena, Samantha <hr/> Contributor address; City; State; Zip Code Commerce, TX 75428	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		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 Filers) 00088058
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darden, Daphnie <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doliner, Adir <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Chris <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Mercedes <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordaan, Amanda <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kailes, Steven	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Orange Park, FL 32073		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalogirou, Carole	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalogirou, Carole	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kivela, Paul	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mergen, Daniel	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mergen, Daniel <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulin, Aimee <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mungoli, Armando <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Trung <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norris, Warren <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Titan Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rostami, Matt <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rush, Jason <hr/> Contributor address; City; State; Zip Code Lakewood Village, TX 75068	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thevenot, Casey <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Jennifer <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Robert <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self Employed
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Ruud <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hulse, robin <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 11/23	
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	8 Amount of contribution (\$) \$8,500.00	9 In-kind contribution description Remington Research Group Poll
	7 Contributor address; City; State; Zip Code Frisco, TX 75034	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of contribution (\$) \$6,000.00	In-kind contribution description Cannon Research
	Contributor address; City; State; Zip Code Frisco, TX 75034	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of contribution (\$) \$1,950.00	In-kind contribution description Stoneridge Group
	Contributor address; City; State; Zip Code Frisco, TX 75034	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 12/23	
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/31/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	8 Amount of contribution (\$) \$1,200.00	9 In-kind contribution description The Nerd Ranch
	7 Contributor address; City; State; Zip Code Frisco, TX 75034		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of contribution (\$) \$2,000.00	In-kind contribution description Frisco Printing
	Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Moor, Carrie	Amount of contribution (\$) \$89.94	In-kind contribution description Stoneridge Group
	Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Doctor		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 13/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/04/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) De Moor, Carrie	9 Loan Amount (\$) \$50,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Frisco, TX 75034	10 Interest Rate 0.00
		11 Maturity Date 12/31/2023
12 Principal occupation / Job title (See Instructions) Emergency Room Physician		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
5 Date of loan 12/13/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) De Moor, Carrie	9 Loan Amount (\$) \$75,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Frisco, TX 75034	10 Interest Rate 0.00
		11 Maturity Date 12/31/2023
12 Principal occupation / Job title (See Instructions) Emergency Room Physician		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 14/23
2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth		3 Filer ID (Ethics Commission Filers) 00088058
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/15/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) De Moor, Carrie	9 Loan Amount (\$) \$170,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Frisco, TX 75034	10 Interest Rate 0.00
		11 Maturity Date 12/31/2023
12 Principal occupation / Job title (See Instructions) Emergency Room Physician		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 16/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
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4 Date 11/20/2023	5 Payee name Anthem Media and Message, Inc
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6 Amount (\$) \$7,500.00	7 Payee address; City; State; Zip Code 7415 Southwest Pkwy Austin, TX 78735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Anthem Media and Message, Inc
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Amount (\$) \$4,655.00	Payee address; City; State; Zip Code 7415 Southwest Pkwy Austin, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Anthem Media and Message, Inc
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Amount (\$) \$12,500.00	Payee address; City; State; Zip Code 7415 Southwest Pkwy Austin, TX 78735
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 17/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
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4 Date 12/22/2023	5 Payee name AxCapital
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 800 W 47th St STE 200 Kansas City, MO 64112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2023	Payee name Buskirk, Sara
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Buskirk, Sara
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Amount (\$) \$88.80	Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 18/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/14/2023	5 Payee name Buskirk, Sara	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2023	Payee name Buskirk, Sara	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Buskirk, Sara	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 19/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/06/2023	5 Payee name Buskirk, Sara	
6 Amount (\$) \$727.12	7 Payee address; City; State; Zip Code 11664 FM 901 Sadler, TX 76264	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Chain Bridge Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Chain Bridge Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 20/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/08/2023	5 Payee name Chain Bridge Bank	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2023	Payee name Chain Bridge Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank 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 Chain Bridge Bank	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 21/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/28/2023	5 Payee name Chain Bridge Bank	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445A Laughlin Ave McLean, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2023	Payee name Install Connect, INC	
Amount (\$) \$4,465.00	Payee address; City; State; Zip Code 505 W STATE ST GARLAND, TX 75040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2023	Payee name Jennifer Sheehan Ministries	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2770 Main St #284 Frisco, TX 75033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 22/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
4 Date 12/14/2023	5 Payee name Keepers Press, LLC	
6 Amount (\$) \$11,052.33	7 Payee address; City; State; Zip Code 1905 Alpha Dr Suite 170 Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name Neel & Partners	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2023	Payee name Neel & Partners	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail/Emails/Texting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 23/23	2 FILER NAME De Moor, MD, FACEP, Carrie Elizabeth	3 Filer ID (Ethics Commission Filers) 00088058
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4 Date 12/23/2023	5 Payee name Neel & Partners
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6 Amount (\$) \$1,300.00	7 Payee address; City; State; Zip Code 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail/Emails/Texting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/28/2023	Payee name Solutions for Texas in Fundraising LLC
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Amount (\$) \$5,094.66	Payee address; City; State; Zip Code 1505 ELM STREET 405 Dallas, TX 75201
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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