FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067618 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maricela NAME Date Received **ELECTRONICALLY FILED** 07/04/2024 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jeffrey M. NAME NICKNAME LAST **SUFFIX** Tillotson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 382-3041 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 5

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Moore, Maricela (The	e Honorable)	14 Filer ID (Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
_	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00			
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES	5)	\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 6,181.60			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 90,203.65			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		The Hono	orable Maricela Moor	e			
		Signature of	Candidate or Officehol	der			
AFFIX NOT	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	ribed before me, by the s	aid	, this the	day			
of	of, 20, to certify which, witness my hand and seal of office.						
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 16
I	ER NAN	19 Filer ID 00067618	(Ethics Commission Filers)	
	ME OF	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 6,181.60
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ŭ		Printing Exp Salaries/Wa w to com	iges/Con			Travel Out of Dis OTHER (enter a	strict category not listed a	above)
1	Total pages Schedule F1:	2	II FR NAMF					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 1/12 Rpt: 4/16	1	Moore, Maricela (The Ho	onorable)					00067618	())	,
4	Date	_	Payee name	,				<u> </u>			
	03/20/2024		Ace Parking								
L		₩									
6	Amount (\$)	1	Payee address; City;	State;	Zip Cod	е					
	\$10.00	7	200 Crescent Ct								
			Dalals, TX 75201								
8	PURPOSE	(a)	Category (See Categories listed	at the top of this schedu	ule) (b) De	scription				
	OF EXPENDITURE		Travel In District						de of Texas. Com		
						Ц			officeholder living	expense	
						Pa	ırking durin	ıy e	veni		
Ļ	Opening ONLY & Street	<u> </u>		041		l- 4			O#: I	.1.1	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	• Οπι	ice soug	nt			Office he	ela	
	Date		Payee name								
	04/24/2024	'	Adobe								
	Amount (\$)		Payee address; City;	State; 2	Zip Cod	е					
	\$259.67	;	345 Park Avenue								
		:	San Jose, CA 95110								
	PURPOSE	(a)	Category (See Categories listed	at the top of this schedu	ule) (b) De	scription				
	OF EXPENDITURE	(Office Overhead/Rental	Expense					de of Texas. Com		
						\Box	oftware sub		officeholder living	expense	
						50	ntware sub-	301	iption		
_	Complete ONLY if direct		andidate/Officeholder name) Offi	ice soug	ht			Office he	7l4	
	expenditure to benefit C/OI		andidate/Onlecholder name	, 0111	ice soug				Onice ne	,iu	
_	Date		Davas nama								
	02/15/2024	1	Payee name Arts District Mansion								
		_			7: 0						
	Amount (\$)	1	Payee address; City;	State;	ZIP Cod	е					
	\$20.75	'	2101 Ross Ave								
			Dallas, TX 75201								
	PURPOSE OF		Category (See Categories listed		ule) (b) De	scription				
	EXPENDITURE		Food/Beverage Expense	?		님			de of Texas. Com officeholder living		
						LI Me			al profession		
						IVIC	Jai dainig N	Jyc	protession	a. Ovoilt	
H	Complete ONLY if direct		andidate/Officeholder name	e Offi	ice soug	ht			Office he	eld	
	expenditure to benefit C/OI			. Jiii	.50 50ag				211100 110	·· ··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 5/16	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	04/22/2024	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	2101 Ross Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking during event
		T and ag dailing over the
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	06/13/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.75	9378 N Central Expy
		Dallas, TX 75231
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office supplies for court
		Cinco cappines is: count
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	02/26/2024	Bistro 31
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.81	87 Highland Park Village Suite 200
		Dallas, TX 75205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meal with supporters
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 6/16	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	04/25/2024	Bistro 31
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$198.36	87 Highland Park Village Suite 200
		Dallas, TX 75205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meal with staff
		mod with oddin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	02/13/2024	Payee name Drophov
		Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.79	185 Berry St 4th Floor
		San Francisco, TX 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Cloud storage subscription
		Cloud storage subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	04/15/2024	Dropbox
	Amount (\$)	Payee address; City; State; Zip Code
	\$212.13	185 Berry St 4th Floor
		San Francisco, TX 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Cloud storage subscription
		Cloud storage subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	
1	Total pages Schedule F1: Sch: 4/12 Rpt: 7/16	2 FILER NAME Moore, Maricela (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067618
4	Date	5 Payee name
	01/11/2024	Fedex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.78	300 Reunion Blvd E
		Dallas, TX 75207
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies for court
		Office supplies for court
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	1
	Date	Payee name
	02/10/2024	Harrigans
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.31	11814 Indiana Ave #3
	Ψ210.31	
		Lubbock, TX 79423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal during Texas Tech mock trials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/11/2024	Lubbock Airport Concessions
	Amount (\$)	
	\$31.36	5401 N. Martin Luther King Boulevard
		Lubbock, TX 79403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal during trip to mock trials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 8/16	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	01/05/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Subscription
		Gusson puon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	02/02/2024	Payee name New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription
		Gusson puon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David warms
	Date 03/29/2024	Payee name New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/12 Rpt: 9/16	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
L	04/26/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPERICITURE TO DETICITE C/OF	1
	Date	Payee name
	06/03/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.60	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Gubscription
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payae name
	06/28/2024	Payee name New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
L		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Subscription
		Subscription
	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 Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Cor Credit Card Payment	mmittee Legal Services Salaries/M The Instruction Guide explains how to co	/ages/Contract Labor	OTHER (enter a category not li	sted above)
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Co	nmission Filers)
Sch: 7/12 Rpt: 10/16	Moore, Maricela (The Honorable)		00067618	
4 Date 5	Payee name			
04/08/2024	Omni Hotel Parking			
6 Amount (\$) 7	Payee address; City; State; Zip Co 555 S Lamar St Dallas, TX 75202	de		
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	=	outside of Texas. Complete Schedule , TX, officeholder living expense g event	т.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
02/10/2024	PCI Dallas Love Field			
Amount (\$) \$139.45	Payee address; City; State; Zip Co Aviation PI Dallas, TX 75235	de		
DUDDOOT (1)		4 × · · ·		
PURPOSE (a) OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Check if Austin,	outside of Texas. Complete Schedule , TX, officeholder living expense g trip to mock trials	т.
Complete <u>ONLY</u> if direct complete on the complete of the comp	Candidate/Officeholder name Office sou	ght	Office held	
Date 05/07/2024	Payee name PDF Filler			
Amount (\$) \$102.00	Payee address; City; State; Zip Co 1371 Beacon St Ste 301	de		
	Brookline, MA 02446			
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	outside of Texas. Complete Schedule , TX, officeholder living expense	т.
Complete ONLY if direct complete on the expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/12 Rpt: 11/16	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	05/31/2024	Picazo & Sons Moving
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,425.00	910 Crest Park Dr
		Garland, TX 75042
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office equipment and furniture move
_	Complete ONLY if direct	Condidate/Officeholder come
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	01/12/2024	R&D Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.01	8300 Preston Center Plaza
		Dallas, TX 75225
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal with supporters
		most that supported
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	01/02/2024	Remarkable
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.24	Biermanns gate 6
	40.21	Sionname gate o
		Oslo 0473 Norway
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 9/12 Rpt: 12/16	Moore, Maricela (The Honorable)	00067618
4	Date	5 Payee name	
l	01/31/2024	Remarkable	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$3.24	Biermanns gate 6	
l			
l		Oslo 0473 Norway	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Software subscription
l			Software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cince Hold
⊨	Date	Payee name	
l	04/01/2024	Remarkable	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$3.24	Biermanns gate 6	
l	Ψ3.24	Demains gate o	
		Oslo 0473 Norway	
L	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overfleau/Refital Expense	Check if Austin, TX, officeholder living expense
l			Subscription
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Gro	<u> </u>	
l	Date	Payee name	
L	05/01/2024	Remarkable	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$3.24	Biermanns gate 6	
l			
		Oslo 0473 Norway	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Software subscription
l			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H			
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		ore)
1	Total pages Schedule F1:		115)
	Sch: 10/12 Rpt: 13/16	Moore, Maricela (The Honorable) 00067618	
4	Date	5 Payee name	
	01/31/2024	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$811.82	2702 Love Field Drive	
	, ,		
		Dollar TV 75225	
		Dallas, TX 75235	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	n at
		Airfare to Texas National Moot Court Competitio Texas Tech Law School	II al
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Oi	п	
	Date	Payee name	
	06/20/2024	Texas Board of Legal Specialization	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	505 E Huntland Dr sTe 400 LB 28	
	Ψ200.00	303 E Hullialia Di STE 400 EB 20	
		Austin, TX 78752	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Certification fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialture to benefit C/Oi	п	
	Date	Payee name	
	03/13/2024	Texas Justice Democrats	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	6333 Mockingbird Lane, Suite 147, Box 800	
	Ψ230.00	0333 Wockingbird Earle, Suite 147, Box 800	
		Dallas, TX 75214	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Advertising sponsorship of political community e	vent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	

SCHEDULE F1

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

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

Polling Expense Travel
Printing Expense Travel
Salaries/Wages/Contract Labor OTHEF

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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 14/16	Moore, Maricela (The Honorable)		00067618
4	Date	5 Payee name		·
	01/16/2024	The Mercury		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$550.25	11909 Preston Rd #1418		
		Dallas, TX 75230		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Meal with supporters
				maa mar capportoic
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/20/2024	The Mercury		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$307.10	11909 Preston Rd #1418		
		Dallas, TX 75230		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Meal with supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/31/2024	UPS		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$39.74	555 S Lamar St		
		Dallas, TX 75202		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Postage
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

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	/ - al Committe	Gift/Ar ee Legal	Beverage Expense wards/Memorials Exp Services Instruction Guide		Polling Exp Printing Exp Salaries/Wa	ense ages/Cor			Travel in District Travel Out of Dis OTHER (enter a	strict category not listed a	above)
1	Total pages Schedule F1:	1							3	Filer ID	(Ethics Commis	sion Filers)
L	Sch: 12/12 Rpt: 15/16	<u> </u>		(The Honorab	ole)					00067618		
4	Date		yee name									
L	04/24/2024		ited States Po									
6	Amount (\$)		yee address;	City;	State;	Zip Cod	le					
	\$390.83	612	20 Swiss Ave									
		Da	llas, TX 7521	4								
8	PURPOSE OF			egories listed at the to		edule) ((b) De	scription				
	EXPENDITURE	Off	fice Overhead	d/Rental Expen	ise		H			de of Texas. Com officeholder living		
							Ш Р.	D. Box rei		omeenolder hving	скрепас	
9	Complete ONLY if direct expenditure to benefit C/Ol		didate/Officeho	lder name	0	ffice soug	ht			Office he	eld	

The Instruction Guide explains how to complete this	S form. 1 Total pages Schedule M: Sch: 1/1 Rpt: 16/16
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Moore, Maricela (The Honorable)	00067618
Description of Asset	
Macbook purchased for court use originally valued at \$3016.93	