

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081672	2 Total pages filed: 6					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Michelle D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2024				
	NICKNAME	LAST Moore	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked				
	REDACTED PER 254.0313, GOV'T CODE			Receipt #	Amount			
	Date Processed							
	Date Imaged							
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Vanessa L.	MI					
	NICKNAME	LAST Johnson	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	REDACTED PER 254.0313, GOV'T CODE							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
		(281) 507-0787						
8 REPORT TYPE	<input 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 checked="" 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	THROUGH	Month	Day	Year	
		01	01			06	30	
10 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE				
				<input 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) District Judge District 314 Harris			12 OFFICE SOUGHT (if known)				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Moore, Michelle D. (Ms.) **14** Filer ID (Ethics Commission Filers)
00081672

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	248.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	63,600.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

Ms. Michelle D. Moore

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

SUBTOTALS - JC/OH

18 FILER NAME Moore, Michelle D. (Ms.)		19 Filer ID (Ethics Commission Filers) 00081672
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 248.88
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3.16

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: 1/1 Rpt: 4/6	2 FILER NAME Moore, Michelle D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081672
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4 Date 05/24/2024	5 Payee name Carroll Printing and Promotions
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6 Amount (\$) \$143.40	7 Payee address; City; State; Zip Code 2907 Canal St Houston, TX 77003
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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 Juneteenth mailer. Reimbursement to Lori Chambers Gray for payment to Carroll Printing.
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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 06/27/2024	Payee name GoDaddy Operating Company LLC
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Amount (\$) \$105.48	Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260
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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 Doman and privacy protection plan renewal for website.
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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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 5/6
2 FILER NAME Moore, Michelle D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081672
4 Date 01/16/2024	5 Name of person from whom amount is received Chase Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	8 Amount (\$) \$0.52
7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 01/26/2024	Name of person from whom amount is received Chase Bank <hr/> Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	Amount (\$) \$0.55
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 02/27/2024	Name of person from whom amount is received Chase Bank <hr/> Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	Amount (\$) \$0.48
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 03/26/2024	Name of person from whom amount is received Chase Bank <hr/> Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	Amount (\$) \$0.50
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 04/24/2024	Name of person from whom amount is received Chase Bank <hr/> Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	Amount (\$) \$0.52
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 6/6
2 FILER NAME Moore, Michelle D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081672
4 Date 06/07/2024	5 Name of person from whom amount is received Chase Bank	8 Amount (\$) \$0.59
	6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10017	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer