CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00062850		2 Total pages fil 9	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph E.			Date Received	
					ELECTRONIC/	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/13/2025	
	INICKNAIVIE	Moody		SUFFIX	01/10/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
MAILING	P.O. Box 920827				Receipt #	Amount
ADDRESS						
Change of Address	El Paso, TX 79902				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Maggie Morale	es .			
	NICKNAME	LAST		SUFFIX		
		Moody				
C CAMPAIGN	OTDEET ADDRESS (NO. 5	20 POV DI EACE):	A.D.	T / OLUTE //)/: OTA	TE: 710 000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CIT	Y; STA	ATE; ZIP CODE
ADDRESS	285 Puesta Del Sol					
(Residence or Business)						
	El Paso, TX 79912					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 581-2113					
FIONE						
8 REPORT		_			_	
TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit		
9 PERIOD	Month Day Yea	r		Month Day	y Year	
COVERED	07/01/2024	TH	IROUGH	12/31/2	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r Pi	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	State Representative Di	strict 78				
		GO T	O PAGE 2			
		55 1	J . / . OL Z			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 99

13 C / OH NAME	Moody, Joseph E. (Tl	ne Honorable)	14 Filer ID (00062850	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political of the contributions accepted or political of the contributions are required to report this in the contribution of the co	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ŭ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 147,250.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 56,652.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C RIOD	OF THE LAST DAY OF THE	\$ 326,741.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			er penalty of perjury, that the acc ncludes all information required to n Code.	
		Tr	ne Honorable Joseph E. Moo	dy
		Sig	nature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of c	ffice.	
Signature of offi	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					3 of 99
	ER NAM	ME pseph E. (The Honorable)	19 Filer ID 00062850	(Ethi	cs Commission Filers)
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	146,900.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	56,652.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
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	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	124.00
	_				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/99	
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 09/12/2024	 Full name of contributor out-of-state PAC (ID#:_AGC of Texas PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Austin, TX 78768 spation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
_	i illicipal occa	pation 7 oob title (occ mondetions)	Employer (See Matuctions			
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ AT&T Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Aguilar, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79912				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions EPT Land Communities)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Ahlberg, Trevor L Contributor address; City; State; Zip Code Irving , TX 75038)		Amount of Contribution (\$)	\$2,500.00
	Principal occu President &	pation / Job title (See Instructions) CEO	Employer (See Instructions Cottonwood Financial)		
	Date 09/11/2024	Full name of contributor x out-of-state PAC (ID#: 4 Altria Group Inc PAC Contributor address; City; State; Zip Code Washington, DC 20001	C00089136)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/21 Rpt: 5/99	
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 12/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Autry Public Affairs LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	<u> </u>	Austin, TX 78739				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/09/2024	Full name of contributor x out-of-state PAC (ID#: Sank of American State & Federal PAC Contributor address; City; State; Zip Code	C00043489)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DE 19808 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Beef PAC Contributor address; City; State; Zip Code Amarillo, TX 79106)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Bowling, IV, Robert L Contributor address; City; State; Zip Code El Paso, TX 79912			Amount of Contribution (\$)	\$5,000.00
	Principal occu Home Builde	pation / Job title (See Instructions)	Employer (See Instructions Tropicana Homes)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/21 Rpt: 6/99	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Moody, Jose	ph E. (The Honorable)				00062850	
4	Date 12/05/2024	5 Full name of contributor Bowling, Randall	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5,000.00
		6 Contributor address; City; Sta El Paso, TX 79912	ie, Zip Code				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u>. </u>		
	President	,		Tropicana Homes	•		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	07/09/2024	Brentwood Public Affairs	out-of-state FAC (ID#	J		Amount of Contribution (4)	\$1,000.00
	0110312024		to. 7's Code		l		Ψ1,000.00
		Contributor address; City; Sta	te; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Bresnen, Steven					\$500.00
		Contributor address; City; Sta	te; Zip Code				
		: =>/====4					
	Delicalization	Austin, TX 78701		Francisco (Octobrostico)	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions Steven Bresnen Attorne		ıt Law	
	Attorney			Steven Bresnen Attorne	y c		
	Date	·	x out-of-state PAC (ID#: C	000344663)		Amount of Contribution (\$)	** ***
	12/02/2024	Bright Spring Legacy Fund					\$1,000.00
		Contributor address; City; Sta	te; Zip Code				
		Louisville, KY 40222					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	12/05/2024	Career Colleges & Schools	of Texas PAC				\$500.00
		Contributor address; City; Sta	te; Zip Code		1		
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 11/14/2024	Full name of contributor Charter Communications I Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	1				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 09/03/2024	Chevron Employees PAC Contributor address; City; Sta	x out-of-state PAC (ID#: C	000035006		Amount of Contribution (\$)	\$1,000.00
	Principal occu	San Roman, CA 94583 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	•	,		. , (,		
	Date 12/13/2024	Full name of contributor Clement, Todd Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75287					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Clement & Speer	5)		
	Date 09/06/2024	Full name of contributor Comerica Inc PAC Contributor address; City; Sta	x out-of-state PAC (ID#: C	000393173		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor Congress Avenue Partners Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)		3	Filer ID (Ethics Commissi 00062850	on Filers)
4	Date 12/11/2024	 Full name of contributor x out-of-state PAC (I DVA Holding PAC - State Contributor address; City; State; Zip Code 	D#: <u>C00368902</u>)	7	Amount of Contribution (\$)	\$250.00
		Mobile, AL 36670				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (IDavis Kaufman PLLC Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Delicalization	Austin, TX 78701	Fundament (October Market)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 10/31/2024	Full name of contributor X out-of-state PAC (I ENPAC Texas Contributor address; City; State; Zip Code	D#: C00363879)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	· ····o.pai. ooda	pation, cos tito (coo monaction)		٠,		
	Date 09/13/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/07/2024	Full name of contributor X out-of-state PAC (I Elevance Health PAC Contributor address; City; State; Zip Code Washington, DC 20004	D#: C00197228		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 12/09/2024	Erben & Yarbrough	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$500.00
_	Deignigal	Austin, TX 78701	- Io	Franksian (Cookastin ations			
ð	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/07/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Tyler, TX 75701		Francisco (Coo Instructions			
	Unknown	pation / Job title (See Instructions)		Employer (See Instructions Unknown)		
	Date 11/15/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/09/2024	Foster, Paul				Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Franklin Mountain Inves		ents	
	Date 12/07/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/99	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Moody, Jose	eph E. (The Honorable)			00062850	
4	Date 11/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Ft Worth, TX 76102				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/07/2024	Friends of the TTU System PAC				\$5,000.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79409				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/03/2024	Friends of the University PAC Contributor address; City; State; Zip Code				\$1,000.00
		Austin, TX 78763				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/13/2024	Garcia, David				\$300.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions Self-Employed)		
	Date	Full name of contributor uut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2024	Gray Reed PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/99
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062850
4	Date 12/10/2024	 Full name of contributor			7	Amount of Contribution (\$) \$500.00
8	Principal occur	San Antonio, TX 78210 pation / Job title (See Instructions)	Ιa	Employer (See Instructions	;)	
•	Vice Preside			The NRP Group	·)	
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc State PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,500.00
		Houston, TX 77077	_			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ HCA Texas Good Government Fund Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00
		Dallas, TX 75240				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_HMWK LLC Contributor address; City; State; Zip Code Austin, TX 78701)	•	Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Homepac of Texas Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$) \$750.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			1			

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 10/29/2024	5 Full name of contributor Houston Pilots PAC6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Deer Park, TX 77536					
8	Principal occu	pation / Job title (See Instructions	(3)	9 Employer (See Instructions	s)		
	Date 11/21/2024	Full name of contributor Hunt, Woody L Contributor address; City; St				Amount of Contribution (\$)	\$5,000.00
	Principal occu	El Paso, TX 79913 pation / Job title (See Instructions	.)	Employer (See Instructions	<u></u>		
	Executive Cl)	Hunt Companies, Inc.	>)		
	Date 11/19/2024	Full name of contributor IBAT PAC Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	. 1		L		
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instructions	s)		
	Date 09/25/2024	Full name of contributor JP Morgan Chase & Co P Contributor address; City; St Washington, DC 20005		00128512)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/05/2024	Full name of contributor Jobe, Stanley P Contributor address; City; St El Paso, TX 79928	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions ent	5)	Employer (See Instructions Jobe Materials LP	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/99			
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)		
4	Date 09/26/2024	 Full name of contributor out-of-state PAC (ID#:_ John A Rydman Investments Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00		
_		Houston, TX 77007						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ John T Montford Special Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00		
	Dringing aggr	San Antonio, TX 78257	Employer (See Instructions					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00		
		El Paso, TX 79941						
	Principal occu Vice Preside	pation / Job title (See Instructions) ent	Employer (See Instructions Kasco Ventures)				
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_Klaes, Brian J Contributor address; City; State; Zip Code El Paso, TX 79925)		Amount of Contribution (\$)	\$500.00		
	Principal occu Vice Preside	pation / Job title (See Instructions) ent	Employer (See Instructions Moreno Cardenas Inc)				
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Lee A Woods - PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/99		
2	FILER NAME Moody, Jose	ph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 12/11/2024	 Full name of contributor	<u>*)</u>	7	Amount of Contribution (\$)	\$1,000.00	
_	5	Austin, TX 78760	10 5 1 10 1 11	Ĺ			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 10/23/2024	Full name of contributor x out-of-state PAC (ID# McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code	#: C0022t342)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions)	Employer (See Instructions	 s)			
	•	,					
	Date 08/26/2024	Full name of contributor x out-of-state PAC (ID#: C00097485) Merck Employees PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions	<u>-,</u>			
	i illopai occa	pation / oob title (ooc monactions)	Employer (See monded)	٠,			
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID# Morin, Julie M Contributor address; City; State; Zip Code Houston, TX 77005	<u>*:)</u>		Amount of Contribution (\$)	\$500.00	
	•	pation / Job title (See Instructions) usiness Development	Employer (See Instructions Daily Court Review	<u>I</u> S)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (IDF NAIFA Texas IFAPAC Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			-1				

	MONET	ARY POLITICAL C	NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 15/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 07/12/2024	5 Full name of contributor NRG Energy PAC6 Contributor address; City; St	x out-of-state PAC (ID#: <u>C</u>		7	Amount of Contribution (\$)	\$2,000.00
		Princeton, NJ 08540					
8	Principal occu	pation / Job title (See Instructions	;) 	9 Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor Naiser, Derek Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>:)</u>		
	Vice Preside		,	Ardurra	۶)		
	Date 11/18/2024	Full name of contributor PAC of the Independent I Contributor address; City; St				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor Pace, Michael R Contributor address; City; St Hartwell, GA 30643)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions	5)	Employer (See Instructions Pace-O-Matic	s)		
	Date 12/09/2024	Full name of contributor Patricia A Shipton Goverr Contributor address; City; St Austin, TX 78701)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (ONS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 16/99	
2	FILER NAME Moody, Jose	eph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 12/11/2024	Full name of contributor Pepsico, Inc Concerned C Contributor address; City; Si			7	Amount of Contribution (\$)	\$1,500.00
		Purchase, NY 10577					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 10/15/2024	Full name of contributor Pfizer PAC Contributor address; City; Si	x out-of-state PAC (ID#: Cate; Zip Code	C00016683)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	New York, NY 10017 pation / Job title (See Instructions	•)	Employer (See Instructions	·)		
	r incipal occu	pation 7 300 title (See Instituctions	9)	Employer (See instructions	·)		
	Date 10/02/2024	Full name of contributor PharmPac Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78757					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 11/07/2024	Full name of contributor RS&H PAC Texas Contributor address; City; Si Austin, TX 78759			•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor Rochelle & Townsend PC Contributor address; City; St Austin, TX 78701			•	Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 17/99		
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 12/03/2024	5 Full name of contributor out-of-state PAC (ID#:_ Ron Lewis & Associates 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_	Deine in all a serv	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_SCOPE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Amarillo, TX 79101 pation / Job title (See Instructions)	Employer (See Instructions)			
	· ····o.pa ooda	paner, cos ano (cos menastro)					
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Sampson Public Affairs LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sledgelaw Group PLLC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Snap Partners LP Contributor address; City; State; Zip Code El Paso, TX 79935)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/99		
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00	
_		Dallas, TX 75247					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ TBA Bank PAC - State Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ TXTA Truck PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Tenet Healthcare Corporation PAC Contributor address; City; State; Zip Code Dallas, TX 75254			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/99		
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_	Daine in all a serv	Austin, TX 78741					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFL-CIO State Cope Fund Contributor address; City; State; Zip Code Austin, TX 78711			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Family Physicians PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions)			
	T IIICipai occu	pation 7 sob title (see instructions)	Employer (See Instructions	,			
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Crane Owners PAC Contributor address; City; State; Zip Code Austin, TX 78716			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Pawn Brokers Inc Contributor address; City; State; Zip Code Crawford, TX 76638)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/99		
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 10/08/2024	 Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00	
_	Dair single one	Austin, TX 78711	To Free Loren (Coo Instructions				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78704 upation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78767					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas McDonald's Operators Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Athens, TX 75751 upation / Job title (See Instructions)	Employer (See Instructions)			
			<u>I</u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/99		
2	FILER NAME Moody, Jose	eph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 10/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions)			
		, , , , , , , , , , , , , , , , , , , ,		,			
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$4,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/99		
2	FILER NAME Moody, Jose	ph E. (The Honorable)		3	Filer ID (Ethics Commission 00062850	on Filers)	
4	Date 11/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78759					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 10/08/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/04/2024	Full name of contributor x out-of-state PAC (ID#: C The Home Depot Inc PAC Contributor address; City; State; Zip Code Washington, DC 20004	00284885		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ The Storage Place - Operating Contributor address; City; State; Zip Code Corpus Christi, TX 78412			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CON	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 20/21 Rpt: 23/99	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 09/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78768	1.				
8	Principal occu	pation / Job title (See Instructions)	•	9 Employer (See Instructions)		
	Date 09/27/2024	Full name of contributor X ou UPS PAC Contributor address; City; State; Zi	ut-of-state PAC (ID#: <u>C</u>	00064766)		Amount of Contribution (\$)	\$2,500.00
	Deinsinal	Washington, DC 20003		Frankrije (Cook brother)			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/21/2024	Full name of contributor ou USAA Employee PAC Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78288					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor 🗵 ou United Health Group PAC Contributor address; City; State; Zi Washington, DC 20004	ut-of-state PAC (ID#: <u>C</u> iip Code	00274431)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor outline of contributor outline outlin	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 21/21 Rpt: 24/99	
2	FILER NAME Moody, Jose	eph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 11/08/2024	5 Full name of contributor Wantman, David	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	5	Wellington, FL 33414	- Io		_		
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions WGI	5)		
	Date 12/13/2024	Full name of contributor Watts, Mikal Contributor address; City; State	e; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dorado Puerto Rico 00646 pation / Job title (See Instructions)	Puerto Rico	Employer (See Instructions	 ;)		
	Lawyer			Watts Law Firm LLP			
	Date 10/09/2024	Full name of contributor Weekley, Richard W Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77055					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Weekley Development	5)		
	Date 12/09/2024	Full name of contributor Wholesale Beer Distributors Contributor address; City; State Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor Wright, Karen Contributor address; City; State El Paso, TX 79912	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/99 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Moody, Joseph E. (The Honorable) 00062850 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/11/2024 Second Floor Strategies \$350.00 Cost for distributing 7 Contributor address; City; State; Zip Code 12/9/24 fundraiser invitations Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

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: 1/73 Rpt: 26/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/02/2024	AAA Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
		El Paso, TX 79912
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Storage Unit Rental
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	AAA Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Storage Unit Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	5.	
	Date 09/04/2024	Payee name
		AAA Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
		El Paso, TX 79912
	DUDDOCE	40 -
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF	Office Overhead/Rental Expense
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Unit Rental
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Unit Rental Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Unit Rental Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Unit Rental Candidate/Officeholder name Office sought Office held

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		
1	Total pages Schedule F1:		
	Sch: 2/73 Rpt: 27/99	Moody, Joseph E. (The Honorable) 00062850	
4	Date 10/02/2024	5 Payee name AAA Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
8	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	
		Storage Unit Rental	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	11/04/2024	AAA Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
	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	
		Storage Unit Rental	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	12/03/2024	AAA Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.00	5400 Hurd	
		El Paso, TX 79912	
	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 Storage Unit Rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 3/73 Rpt: 28/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/05/2024	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.60	PO Box 650553
		Dallas, TX 75265
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 Telephone expense
		releptione expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/01/2024	AT&T Mobility
H	Amount (\$)	Payee address; City; State; Zip Code
	\$214.69	PO Box 650553
		Dallas, TX 75265
	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
		Telephone expense
		receptions expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/01/2024	AT&T Mobility
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 650553
		Dallas, TX 75265
	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
		Telephone expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/73 Rpt: 29/99	Moody, Joseph E. (The Honorable) 00062850
4	Date 10/03/2024	5 Payee name
-		AT&T Mobility 7 Payee address; City; State; Zip Code
0	Amount (\$) \$139.79	7 Payee address; City; State; Zip Code PO Box 650553
	¥2500	
		Dallas, TX 75265
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 Telephone expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/04/2024	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.85	PO Box 650553
		Dallac TV 75265
	DUDDOCE	Dallas, TX 75265
	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	Check if Austin, TX, officeholder living expense
		Telephone expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/01/2024	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.85	PO Box 650553
		Dallas, TX 75265
	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
		Telephone expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/73 Rpt: 30/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/31/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$398.95	366 Summer Street
		Summerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for 12/31/24
		Frocessing fee for 12/31/24
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2024	Airbnb, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$497.29	888 Brannan St
		San Francisco, CA 94103
	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
		Lodging in Austin
		Lodging in Adolin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	D :	
	Date	Payee name
	08/06/2024	Alejandra Chavez for District 1
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6305 Franklin Red Dr
L		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Political Contribution
_	Operation ONE V. C. F.	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/73 Rpt: 31/99	Moody, Joseph E. (The Honorable)
4 Date	5 Payee name
10/23/2024	Alejandra Chavez for District 1
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 6305 Franklin Red Dr El Paso, TX 79912
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/17/2024	Aloft Austin Downtown
Amount (\$)	Payee address; City; State; Zip Code
\$425.76	109 East 7th Street
	Austin, TX 78701
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 Lodging in Austin for staff
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/18/2024	Ambar Restaurante
Amount (\$)	Payee address; City; State; Zip Code
\$53.04	106 W Mills Ave
	El Paso, TX 79901
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch meeting - Legislative issues
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

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

	Candidate/Officenoider/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: 7/73 Rpt: 32/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/21/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,377.94	1 Skyview Drive
		Fort Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flight for Rep and staff from Austin to El Paso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/08/2024	Angie's Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	7580 Alameda Ave
		El Paso, TX 79915
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Celebratory gift for constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/13/2024	Angry Owl Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.00	4799 N Mesa
		El Paso, TX 79912
	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
		District staff lunch
	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 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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 8/73 Rpt: 33/99	Moody, Joseph E. (The Honorable)
4	Date	5 Payee name
	12/11/2024	Angry Owl Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.00	4799 N Mesa
		El Paso, TX 79912
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
		District staff lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
H	Date	Payee name
	12/18/2024	Angry Owl Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	4799 N Mesa
	φ55.00	4799 N Mesa
		El Paso, TX 79912
	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
		District staff lunch
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/15/2024	B-17 Bomber Oyster Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	201 S El Paso
		El Paso, TX 79901
	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
		District staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

	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: 9/73 Rpt: 34/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	08/29/2024	Bird Rides, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	2501 Colorado Ave Floor 2
		Santa Monica, CA 90404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation in Austin
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	09/06/2024	Bird Rides, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2501 Colorado Ave Floor 2
		Santa Monica, CA 90404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation in Austin
		rransportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	09/17/2024	Bird Rides, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2501 Colorado Ave Floor 2
		Santa Monica, CA 90404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 compl	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/73 Rpt: 35/99	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	•
	10/22/2024	Bird Rides, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	2501 Colorado Ave Floor 2	
		Santa Monica, CA 90404	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Transportation in Austin
_			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/19/2024	Bird Rides, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	2501 Colorado Ave Floor 2	
		Santa Monica, CA 90404	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Transportation in Austin
			Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		000 1.0.0
_	Date	Davisa nama	
	12/20/2024	Payee name Bird Rides, Inc.	
		·	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 2501 Colorado Ave Floor 2	
	Ψ20.00	2301 Colorado Ave Floor 2	
		Sente Menice, CA 00404	
		Santa Monica, CA 90404	
	PURPOSE OF	(Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District	Check if Austin, TX, officeholder living expense
			Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
1			

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 7	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
	Sch: 11/73 Rpt: 36/99	Moody, Joseph E. (The Honorable)	~,
4 [Date	5 Payee name	
	08/16/2024	Buffalo Wild Wings	
6 /	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.00	655 Sunland Park Drive	
		El Paso, TX 79912	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense District staff lunch	
		District stair furior	
0 /	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	complete <u>ONLY</u> if direct expenditure to benefit C/OI		
	Date	Payee name	
1	11/07/2024	Buffalo Wild Wings	
P	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.00	655 Sunland Park Drive	
		El Paso, TX 79912	
	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	
		District staff lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	12/02/2024	Buffalo Wild Wings	
	Amount (\$)	Payee address; City; State; Zip Code	
′	\$53.00	655 Sunland Park Drive	
	Ψ33.00	Soo Camara Faire Dive	
		El Paso, TX 79912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		District staff lunch	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	•		

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete th	his form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/73 Rpt: 37/99	Moody, Joseph E. (The Honorable)			00062850	
4	Date	5 Payee name				
	07/12/2024	Cabo Bob's				
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э			
	\$288.35	500 E Ben While Blvd				
_		Austin, TX 78704				
8	PURPOSE OF	,		scription Check if travel outside	e of Texas, Com	nlete Schedule T
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, o		
			Co	mmittee lunch		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	experientare to benefit Great	<u> </u>				
	Date	Payee name				
	09/19/2024	Cabo Bob's				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$320.39	500 E Ben While Blvd				
		A TV 70704				
		Austin, TX 78704				
	PURPOSE OF	,		scription Check if travel outside	e of Texas, Com	nlete Schedule T
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, o		
			Co	mmittee lunch		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	experience to belief cree					
	Date	Payee name				
	12/23/2024	Cabo Bob's				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$320.39	500 E Ben While Blvd				
		A				
		Austin, TX 78704	• -			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		scription Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, o		
			Со	mmittee lunch		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
		•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 13/73 Rpt: 38/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/30/2024	Cantina Laredo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	Love Field Airport
		Dallas, TX 75235
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 while traveling to El Paso
		mean name that early to an accompany to an accompany to a company to a
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/21/2024	Capitol Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.73	1001 Congress Ave Ste 180
	Ψ22.10	1001 Congress / two cite 100
		Austin, TX 78701
	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
		Capitol staff lunch
		Supiter state to the state of t
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/27/2024	Capitol Commission Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	12302 Marshall Dr
	φοσο.σσ	12002 Maionali Di
		Magnolia, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 14/73 Rpt: 39/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	11/19/2024	Capmetro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.50	2910 E 5th Street
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Bus pass
_	Operation ONLY if the est	Out tidate Office helder some
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	10/22/2024	Casino El Camino
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	517 E 6th Street
		Austin, TX 78701
	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
		Capitol staff dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/06/2024	Casino El Camino
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	517 E 6th Street
	,	
		Austin, TX 78701
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal with legislators
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

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

	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)
l	Sch: 15/73 Rpt: 40/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
l	10/02/2024	Chick-fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$22.55	503 W Martin Luther King
l		
l		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		Capitol staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
l	Date 11/10/2024	Payee name Chili's Grill & Bar
L		
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$91.00	2249 S Canal
L		Carlsbad, NM 88220
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Meal while traveling from Red Raider Caucus event
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
F	Date	Payee name
	07/15/2024	Circle K
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$46.37	660 Sunland Park Dr
l		
l		El Paso, TX 79912
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Fuel for travel in District
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
l		

SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/A

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manner Coloradolo 54	
1	Total pages Schedule F1:	
	Sch: 16/73 Rpt: 41/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/19/2024	Constant Contact, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.44	1601 Trapelo Rd #329
		Waltham MA 024E1
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		E-Marketing service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	08/18/2024	Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.44	1601 Trapelo Rd #329
		Waltham, MA 02451
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		E-Marketing Service
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Dayga nama
	09/19/2024	Payee name Constant Contact, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.69	1601 Trapelo Rd #329
		Waltham, MA 02451
	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.
	TVI FIADLIONE	Check if Austin, TX, officeholder living expense
		E-Marketing service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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

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

Event Expense

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)

Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/73 Rpt: 42/99 Moody, Joseph E. (The Honorable) 00062850 4 Date Payee name 10/21/2024 Constant Contact, Inc. 6 Amount (\$) Payee address; State; Zip Code \$59.69 1601 Trapelo Rd #329 Waltham, MA 02451 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense E-Marketing service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/19/2024 Constant Contact, Inc. Amount (\$) Payee address; City; State; Zip Code \$59.69 1601 Trapelo Rd #329 Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense E-Marketing service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2024 Constant Contact, Inc. Amount (\$) Payee address: City; State; Zip Code \$59.69 1601 Trapelo Rd #329

Forms provided by Texas Ethics Commission

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Waltham, MA 02451

Advertising Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

www.ethics.state.tx.us

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

E-Marketing Service

Version V4.1.0.5dd2ace2

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: 18/73 Rpt: 43/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	08/22/2024	Crawdaddy's Bar & Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.45	212 Cincinnati Ave
		El Paso, TX 79902
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
		Lunch meeting - Legislative issues
		Euron meeting Legislative issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Dougo nama
		Payee name
	11/05/2024	Crawdaddy's Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.95	212 Cincinnati Ave
		El Paso, TX 79902
	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 Lunch meeting - Campaign issues
		Lunch meeting - Campaigh issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 12/10/2024	Payee name Curry Bowl
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	210 N Stanton Street Ste 1
		El Paso, TX 79901
	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 Lunch meeting - Political issues
		Lunch meeting - Folitical issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	•	ete this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 19/73 Rpt: 44/99	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		<u>'</u>
	12/30/2024	Dallas Morning News		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1.08	1954 Commerce Street		
		Dallas, TX 75201		
8	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		yııı	Office field
_	Data	Davis same		
	Date 08/13/2024	Payee name		
		Deadbeach Brewery		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$113.00	406 S Durango St		
		El Paso, TX 79901		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Lunch meeting with legislators
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/27/2024	Drifter's Icehouse		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$33.00	29293 FM 149		
		Richards , TX 77873		
	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.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Meal while traveling to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sour	nh+	Office held
	Complete ONLY if direct expenditure to benefit C/OI	•	JIIL	Office field

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	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: 20/73 Rpt: 45/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/02/2024	El Paso International Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	6701 Convair Rd
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		raining
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_		
	Date	Payee name
	09/03/2024	Element Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$455.49	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	09/09/2024	Element Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$121.01	109 E 7th St
L		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Lodging in Austin
	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/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: 21/73 Rpt: 46/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	09/30/2024	Element Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$441.82	109 E 7th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughig in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/17/2024	Element Austin Downtown
H	Amount (\$)	Payee address; City; State; Zip Code
	\$390.48	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughig in Austin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/21/2024	Element Austin Downtown
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$459.87	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughig in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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: 22/73 Rpt: 47/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/21/2024	Element Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$477.52	109 E 7th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughly III Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
-	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Element Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$578.60	109 E 7th St
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78701
	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
		Lodging in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/23/2024	Element Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$804.48	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging for member and staff in Austin
		Loughing for member and stail in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 23/73 Rpt: 48/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/09/2024	Element Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$776.02	109 E 7th St
		Austin, TX 78701
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
		Lodging for member and staff in Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/O	
	Date	Payee name
	08/07/2024	Eloise
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	126 Shadow Mountain
		El Paso, TX 79912
	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
		District staff lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	08/05/2024	Epic Railyard
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	2201 E Mills Ave
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Las Americas Immigrant Advocacy Center Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<u> </u>

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/Politica Credit Card Payment	Il 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: 24/73 Rpt: 49/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/24/2024	FedEx Office
6	Amount (\$) \$55.05	7 Payee address; City; State; Zip Code 4190 N Mesa
		El Paso, TX 79902
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Expedited shipping for committee purposes
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	12/11/2024	Food King
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.60	6021 N Mesa
		El Paso, TX 79912
	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 Drinks for District Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/04/2024	GiGi's Playhouse - El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.00	960 Chelsea
		El Paso, TX 79925
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Buggy Lopez Golf Tournament
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to con	-	te this form.				
1	Total pages Schedule F1:	•	3 Filer ID (Ethics Commission Filers)					
	Sch: 25/73 Rpt: 50/99	Moody, Joseph E. (The Honorable)	00062850					
4	Date	5 Payee name		-				
	11/05/2024	HEB						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					
	\$41.11	1801 East 51st Street						
		Austin, TX 78723						
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.				
	EXPENDITORE			Check if Austin, TX, officeholder living expense				
				Food & drink for Capitol Office				
_	0 1: 0.11.4.7.1.			0.00				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held				
	Date	Payee name						
	08/27/2024	Happy's Social Market						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$30.00	145 E Sunset						
		El Paso, TX 79922						
	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 Dinner meeting - Constituent issues				
				Diffici freeding Constituent issues				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI		,	Since noid				
	Date	Payee name						
	09/10/2024	Happy's Social Market						
		,	40					
	Amount (\$) \$33.00	Payee address; City; State; Zip Coo 145 E Sunset	Jе					
	φ33.00	143 E Sullset						
		El Bass TV 70022						
		El Paso, TX 79922						
	PURPOSE OF	,	(b)	Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
				Dinner meeting - Legislative issues				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held				
	expenditure to benefit C/OI	1						
_								

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: 26/73 Rpt: 51/99	Moody, Joseph E. (The Honorable) 00062850					
4	Date	5 Payee name					
	09/24/2024	Happy's Social Market					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$45.00	145 E Sunset					
		El Paso, TX 79922					
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 Dinner meeting - Legislative issues					
		Diffici friceting - Legislative issues					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI						
F	Date	Payee name					
	09/29/2024	Hertz Car Rental					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$148.79	3600 Presidential Blvd					
	Ψ140.10	5555 Freshaerital Biva					
		Austin, TX 78719					
L	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Rental car					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1					
	Date	Payee name					
	07/01/2024	Hill Country Springs					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$9.74	PO Box 2220					
		Manchaca, TX 78652					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
1		Water for Capitol Office					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					
\vdash							

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

e Travel in Travel Ou Contract Labor OTHER (

	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: 27/73 Rpt: 52/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	08/02/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.74	PO Box 2220
		Manchaca, TX 78652
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 Water for Capitol office
		Water for Suprior Since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/04/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.74	PO Box 2220
		Manchaca, TX 78652
	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 Water for Capitol office
		Water for Suprior Since
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.73	PO Box 2220
		Manchaca, TX 78652
	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 Water for Capitol office
		vvaler for Capitor office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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/Officenoider/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: 28/73 Rpt: 53/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	11/04/2024	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.74	PO Box 2220
		Manchaca, TX 78652
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
		Water for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	"
	Date	Payee name
	12/03/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.74	PO Box 2220
		Manchaca, TX 78652
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Water for Capitol Office
		water for Capitor Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	08/17/2024	Hotel Paso Del Norte
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.00	10 Henry Trost Court
		El Paso, TX 79901
	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
		Make-A-Wish event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	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: 29/73 Rpt: 54/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/17/2024	House of Representatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,294.61	1100 Congress Ave
		Austin, TX 78701
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 House Operating Account
		Flouse Operating Account
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	12/30/2024	Jennifer Ann's Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2554 Drew Valley Rd
		Atlanta, GA 30319
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZAI ZIAZITORZ	Candidate/Officeholder/Political Committee
		Donation
_	Compulate ONII V if dive at	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	Julio's Mexican Food
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	7470 Cimarron Market
		El Paso, TX 79911
	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
		Lunch meeting - Legislative issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 30/73 Rpt: 55/99	Moody, Joseph E. (The Honorable)		00062850				
4	Date	5 Payee name		-				
	11/20/2024	La Nube						
6	Amount (\$)	7 Payee address; City; State; Zip Co	de					
	\$315.00	201 W Main						
		El Paso, TX 79901						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.				
	LAI LINDITORE			Check if Austin, TX, officeholder living expense				
				Staff tickets for event				
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held				
9	expenditure to benefit C/OI		gni	. Office field				
	Date	Payee name						
	11/08/2024	Lauren Simmons Campaign						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$500.00	PO Box 56386						
		Houston, TX 77256						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)) Description				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Candidate/Onicenoiden/Fonitical Committee		Political Contribution				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held				
	expenditure to benefit C/OI	1						
	Date	Payee name						
	09/26/2024	Little Shack						
	Amount (\$)	Payee address; City; State; Zip Co	de					
	\$25.00	2701 N Mesa						
		El Paso, TX 79902						
	PURPOSE		(h)) Description				
	OF	Food/Beverage Expense	(~)	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	1 God/Beverage Expense		Check if Austin, TX, officeholder living expense				
				Lunch meeting - Legislative issues				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
	experiorale to belieff C/OI	1						

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

	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: 31/73 Rpt: 56/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/29/2024	Lone Star Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$55.00	6701 Convair
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while traveling for State business
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	08/01/2024	Los Aguachiles
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	7470 Cimarron Market
l		El Paso, TX 79911
Г	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.
l		Check if Austin, TX, officeholder living expense Lunch meeting - Constituent issues
l		Euron meeting - Constituent issues
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Payee name
	10/26/2024	Los Aguachiles
⊢	Amount (\$)	
	\$41.00	Payee address; City; State; Zip Code 7470 Cimarron Market
	Ψ-1.00	1470 Gillianon Market
		El Paso, TX 79911
	D. 100.00	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District staff lunch
	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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 32/73 Rpt: 57/99	Moody, Joseph E. (The Honorable) 00062850				
4	Date	5 Payee name				
	12/07/2024	Los Jarrones Mexican Food				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$50.58	170 Redd Rd Ste 1				
		El Paso, TX 79915				
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 Breakfast meeting - Political issues				
		Dicards freeling 1 officer 133003				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	d variable of the state of the				
F	Date	Payee name				
	12/08/2024	Los Jarrones Mexican Food				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$59.00	170 Redd Rd Ste 1				
		El Paso, TX 79915				
	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 Breakfast meeting - Political issues				
		Broakhadt moduling i billidar loddoo				
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O					
F	Date	Payee name				
	10/30/2024	MOB - Families for El Paso				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	221 N Kansas Ste 1900				
	, ,					
		El Paso, TX 79901				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EXPENDITORE	Candidate/Officeholder/Political Committee				
		Donation				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·				
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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: 33/73 Rpt: 58/99	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	12/03/2024	Mexican American Legislative Policy Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	1108 Lavaca St Ste 110-351	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Membership	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/23/2024	Microtel Inn & Suites	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.46	7705 Metro Center Drive	
		Austin, TX 78744	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	I	TX, officeholder living expense
		Lodging in Au	istin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/18/2024	Mills Plaza Parking Garage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	401 N Oregon Street	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
	-	l	TX, officeholder living expense
		Parking for Ma	ake-A-Wish event
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica		nmittee Legal Services Salaries		es/Contract Labor		OTHER (enter a	category not listed above	e)
	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission	n Filers)
	Sch: 34/73 Rpt: 59/99		Moody, Joseph E. (The Honorable)				00062850		
4	Date	5	Payee name						
	11/08/2024		Montana Super Stop						
6	Amount (\$)	7	Payee address; City; State; Zip C	ode.					
٠	\$42.95	ľ	13900 Montana	ouc					
	Ψ-12.00		10000 Montana						
			ELD TV 70000						
		_	El Paso, TX 79938						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE		Travel Out of District		_		de of Texas. Com officeholder living		
					—			Caucus Event	
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht			Office he	əld	
-	expenditure to benefit C/OI			9					
	Date	Т	Para a comp						
	11/10/2024		Payee name Murphy Express						
		┝	Murphy Express						
	Amount (\$)		Payee address; City; State; Zip C	oue					
	\$35.21		2301 S Canal						
			Carlsbad, NM 88220						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE		Travel Out of District		=		de of Texas. Com officeholder living	plete Schedule T.	
					—			Caucus Event	
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI	Н		ŭ					
	Date	1	Payee name						
	08/12/2024		PF Chang's						
	Amount (\$)	\vdash	Payee address; City; State; Zip C	ode.					
	\$89.00		8889 Gateway Blvd West	ouc					
	φου.σσ		occo Calerray Erra Week						
			El Paso, TX 79923						
	D. 100.00			100					
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel of	nutsi	de of Teyas, Com	plete Schedule T.	
	EXPENDITURE		Food/Beverage Expense				officeholder living		
					Delegation lu				
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н							

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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 35/73 Rpt: 60/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/08/2024	PGA Tour Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.53	6713 Convair Rd
		El Paso, TX 79925
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 while traveling to Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	08/28/2024	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6713 Convair Rd
		El Paso, TX 79925
	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 while traveling to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	09/05/2024	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	6713 Convair Rd
		El Paso, TX 79925
	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 while traveling to Austin
		Wied Wille daveling to Austri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

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 Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 36/73 Rpt: 61/99	Moody, Joseph E. (The Honorable)		00062850				
4	Date	5 Payee name		-				
	09/15/2024	PGA Tour Grill						
6	Amount (\$)	7 Payee address; City; State; Zip C	ode					
	\$56.00	6713 Convair Rd						
		El Paso, TX 79925						
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.				
	EXI ENDITORE			Check if Austin, TX, officeholder living expense				
				Meal while traveling to Austin				
_	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
9	Complete ONLY if direct expenditure to benefit C/OI		uyıll	Office field				
	Data	Davies name						
	Date 10/01/2024	Payee name PGA Tour Grill						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$30.00	6713 Convair Rd						
		El Paso, TX 79925						
	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 while traveling to Austin				
				ů .				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1						
	Date	Payee name						
	10/15/2024	PGA Tour Grill						
	Amount (\$)	Payee address; City; State; Zip C	ode					
	\$64.00	6713 Convair Rd						
		El Paso, TX 79925						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF	Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,		Check if Austin, TX, officeholder living expense				
				Meal while traveling to Austin				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held				
	onpolicitate to beliefit 6/01	•						

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

	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: 37/73 Rpt: 62/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/04/2024	PGA Tour Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	6713 Convair Rd
		El Paso, TX 79925
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 while traveling to Austin
		Medi Wille daveling to Adodin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
		Payee name
	12/08/2024	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	6713 Convair Rd
		El Paso, TX 79925
	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 while traveling to Austin
		Weth Wille traveling to Austri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Payeo namo
	12/19/2024	Payee name PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.54	6713 Convair Rd
		El Paso, TX 79925
	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 while traveling to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 38/73 Rpt: 63/99	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date	5 Payee name
	10/29/2024	Paradies Lagardere
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 3600 Presidential Blvd
		Austin, TX 78719
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal while traveling to El Paso
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	Paso Del Norte
	Amount (\$) \$16.24	Payee address; City; State; Zip Code 221 N Kansas
		El Paso, TX 79901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for Stars Banquet
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/18/2024	Payee name Residence Inn Austin
	Amount (\$) \$821.33	Payee address; City; State; Zip Code 300 East 4th Street
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lodging in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 39/73 Rpt: 64/99	Moody, Joseph E. (The Honorable)
4	Date	5 Payee name
	09/18/2024	Residence Inn Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$723.33	300 East 4th Street
		A . () . TV 70704
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging for staff in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	·	
	Date	Payee name
	07/04/2024	Rudy's Bar-B-Q
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.00	6401 S Desert Blvd
	Ψ110.00	0401 3 Desert bivu
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	10/01/2024	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	6608 La Cadena Dr
	Ψ3,000.00	oooo La Gaacha Di
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff compensation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By - Gift
Candidate/Officeholder/Political Committee Leg

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 40/73 Rpt: 65/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	11/01/2024	Sahualla, Ellic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	6608 La Cadena Dr
		El Paso, TX 79912
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff compensation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		·
	Date	Payee name
	12/01/2024	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	6608 La Cadena Dr
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	_/	Check if Austin, TX, officeholder living expense Staff compensation
		Stall Compensation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	David and the second
	Date 11/25/2024	Payee name Salt & Honey Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	1125 Texas Ave
		El Paso, TX 79901
	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
		Coffee for legislative meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

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

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: 41/73 Rpt: 66/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	11/29/2024	Salt & Honey Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.00	1125 Texas Ave
L		El Paso, TX 79901
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 Coffee for legislative meeting
		Confection registative infecting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/01/2024	Saxon Pub
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.00	3600 Presidential Blvd
		Austin, TX 78719
	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 while traveling to El Paso
		Wed write travelling to Err aso
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	08/29/2024	Payee name Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	3600 Presidential Blvd
		Austin, TX 78719
	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 while traveling to El Paso
		Wed write travelling to Err aso
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		
1		

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

	Credit Card Payment	at Committee Legal Services Salaries/wages/Contract Labor The Instruction Guide explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/73 Rpt: 67/99	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	•
	09/07/2024	Saxon Pub	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	3600 Presidential Blvd	
		Austin, TX 78719	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	1 Toda/Beverage Expense	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		l — — — — — — — — — — — — — — — — — — —	e traveling to El Paso
			S
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	09/17/2024	Saxon Pub	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	3600 Presidential Blvd	
		Austin, TX 78719	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Travel Out of District	avel outside of Texas. Complete Schedule T.
	EXPENDITORE		austin, TX, officeholder living expense
		Meal while	e traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Dayloo nama	
	09/28/2024	Payee name Saxon Pub	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.00	3600 Presidential Blvd	
	7=:00	2.10	
		Austin, TX 78719	
	PURPOSE		
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	sustin, TX, officeholder living expense
		Meal while	e traveling to El Paso
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 43/73 Rpt: 68/99	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	10/02/2024	Saxon Pub	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.00	3600 Presidential Blvd	
		Austin, TX 78719	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	1 dod/Beverage Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		,	while traveling to El Paso
			ŭ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	10/18/2024	Saxon Pub	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.00	3600 Presidential Blvd	
		Austin, TX 78719	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	Food/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	·	ck if Austin, TX, officeholder living expense
		ivieai	while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cinide Hold
	Date	Payee name	
	10/22/2024	Saxon Pub	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	3600 Presidential Blvd	
	¥ 10.00	2.74	
		Austin, TX 78719	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF		ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Meal	while traveling to El Paso
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/73 Rpt: 69/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	11/20/2024	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	3600 Presidential Blvd
		Austin, TX 78719
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2024	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	3600 Presidential Blvd
	Ψ20.00	COOCT TOOLGOTHIAL DIVG
		Austin, TX 78719
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	12/09/2024	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.00	3600 Presidential Blvd
	φ21.00	3000 Flesidelitidi bivu
		A TV 70740
		Austin, TX 78719
	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
		Meal while traveling to El Paso
		inca write travelling to Lit aso
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	y
	•	

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 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: 45/73 Rpt: 70/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/21/2024	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	3600 Presidential Blvd
		Austin, TX 78719
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 while traveling to El Paso
		Wedi Wille travelling to Err aso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	10/15/2024	Secure Identity, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$199.00	650 5th Ave 12th Floor
		New York, NY 10019
	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 Clearance service at airport
		Glearance service at anyon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	09/24/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$306.98	PO Box 36649
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Airfare for staff
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 46/73 Rpt: 71/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	09/24/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.98	PO Box 36649
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare for staff
		Allaic for stall
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name
	10/15/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$635.96	PO Box 36649
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare for staff
		Alliare for Staff
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/21/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$799.96	PO Box 36649
		D. II. TV 7505
		Dallas, TX 75235
	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
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 47/73 Rpt: 72/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/19/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.20	PO Box 36649
		Dallas, TX 75235
8	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 Security fee for staff
		Security fee for stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
_	Date	Davisa nama
	11/15/2024	Payee name Spec's Wine Spirits & Finer Foods
	Amount (\$)	
	\$94.10	Payee address; City; State; Zip Code 655 Sunland Park
	Ψ94.10	033 Sullianu Faik
		FI Daga TV 70012
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gifts for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/28/2024	Spirit of Texas Texaco
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.54	3600 Presidential Blvd
		Austin, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense Fuel for traveling to State business
		Fuel for travelling to State business
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 48/73 Rpt: 73/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/30/2024	Standard Star
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.92	6701 Convair Rd
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal while traveling to Fort Worth
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Stars Scholarship Fund
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.77	PO Box 3068
		McAllen, TX 78502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation to scholarship fund
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/08/2024	Swift Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.71	1009 Hobbs Hwy
		Seminol, TX 79360
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel to travel to Red Raider Caucus Event
		Tues to traves to real ratios Saucus Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

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

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: 49/73 Rpt: 74/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/21/2024	Taco Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$344.24	4200 Lamar
		Austin, TX 78756
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
		Committee breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	12/03/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$297.64	801 Sunland Park Dr
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Angel tree gifts
L	Operation ONE V if discort	Outside to Office health and a second to the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/17/2024	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.00	1409 Lavaca
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol staff dinner
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 50/73 Rpt: 75/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/16/2024	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	201 E 14th Street #10
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Late filing penalty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	12/04/2024	Texas House Democratic Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 12453
		Austin, TX 78711
	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 Membership
		Wellberglip
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/02/2024	Texas Tech Foundation, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 45025
		Lubbock, TX 79409
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Write Coals
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	. iisteu above)
1	Total pages Schedule F1:		commission Filers)
	Sch: 51/73 Rpt: 76/99	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	07/01/2024	The Otis Hotel Autograph	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$419.71	. 1901 San Antonio	
		Austin, TX 78705	
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 Schedu Check if Austin, TX, officeholder living expense	ıle T.
		Lodging in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	он 	
	Date	Payee name	
	07/10/2024	The Otis Hotel Autograph	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$692.29	1901 San Antonio	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedu	ıle T.
		Check if Austin, TX, officeholder living expense Lodging in Austin	
		Loughig III / Wollin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	o	
	Date	Payee name	
	09/03/2024	The Otis Hotel Autograph	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$442.24	1901 San Antonio	
		Austin, TX 78705	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedu	ıle T.
		Check if Austin, TX, officeholder living expense Lodging in Austin	
		25039 / 1050	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 52/73 Rpt: 77/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/04/2024	The Otis Hotel Autograph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$548.50	1901 San Antonio
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughly III Audill
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/11/2024	The Otis Hotel Autograph
H	Amount (\$)	Payee address; City; State; Zip Code
	\$475.11	1901 San Antonio
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loaging in Adolin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/23/2024	The Otis Hotel Autograph
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$378.72	1901 San Antonio
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughing in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/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: 53/73 Rpt: 78/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/23/2024	The Otis Hotel Autograph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$263.46	1901 San Antonio
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lodging in Austin
		Loughig III / lasaii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/14/2024	The Pizza Joint
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.00	7000 Westwind
	400.00	
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner meeting with constituents
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	
	Date 08/02/2024	Payee name The Plaza Hotel Restaurant
	Amount (\$) \$137.23	Payee address; City; State; Zip Code 106 W Mills
	Ψ137.23	TOO AA IAIIII2
		El Paso, TX 79901
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner meeting with legislators
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitie to beliefft C/O	<u> </u>

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ense Travel in Diiense Travel Out o iges/Contract Labor OTHER (en

	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: 54/73 Rpt: 79/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/12/2024	The Plaza Hotel Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.00	106 W Mills
		El Paso, TX 79901
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
		Breakfast meeting with constituents
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2024	The Quickie Pickie
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.24	1208 E 11th Street
		Austin, TX 78702
	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 Capitol staff breakfast
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Dayso nama
	11/20/2024	Payee name The Quickie Pickie
	Amount (\$) \$47.00	Payee address; City; State; Zip Code 1208 E 11th Street
	\$47.00	1200 E 11til Stieet
		Austin, TX 78702
	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
		Food & drinks for Capitol Office
		. ood a dillino for Supitor Silico
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 55/73 Rpt: 80/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	09/06/2024	The Tavern
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.00	922 W 12th
		Austin, TX 78703
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
		Capitol staff meal
		Suprior Start Hour
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	12/09/2024	The Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	922 W 12th
		Austin, TX 78703
	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 Capitol staff lunch
		Capitor stair functi
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨		
l	Date	Payee name
	08/06/2024	Townsend, Pam
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	PO Box 3007
		Carlsbad, NM 88221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
1		Accounting/preparing campaign finance reports
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	·

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: 56/73 Rpt: 81/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/03/2024	U.S. Postal Service - Mesa Hills Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.00	5981 N Mesa
		El Paso, TX 79902
8	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 for District Office
		1 Ostage for District Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	07/16/2024	Payee name
		U.S. Postal Service - Mesa Hills Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.20	5981 N Mesa
		El Paso, TX 79902
	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 Overnight mail for campaign purposes
		Overnight mail for campaigh purposes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name U.S. Postal Service - Mesa Hills Station
	09/10/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.45	5981 N Mesa
		El Paso, TX 79902
	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 Shipping for political purposes
		Silipping for political purposes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 57/73 Rpt: 82/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/03/2024	U.S. Postal Service - Mesa Hills Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.70	5981 N Mesa
		El Paso, TX 79902
8	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 Shipping for State purpose
		Shipping for State purpose
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/30/2024	U.S. Postal Service
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	5981 N Mesa
	Ψ10.00	5552 14 Missa
		El Paso, TX 79902
	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 for campaign use
		i ostage for earripaigh use
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/08/2024	Uber
H	Amount (\$)	Payee address; City; State; Zip Code
	\$49.00	555 Market Street
	Ψ-0.00	333 Market Street
		San Francisco, CA 94105
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation from airport
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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/Officenoider/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: 58/73 Rpt: 83/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	07/08/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.00	555 Market Street
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to meeting with legislators
		Transportation to modeling with legislators
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/08/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	E/4 E/10	Check if Austin, TX, officeholder living expense
		Transportation from meeting with legislators
_	Consulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	07/09/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation to Capitol
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 59/73 Rpt: 84/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	08/28/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.00	555 Market Street
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation from airport
		Transportation from airport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	09/05/2024	Uber
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.00	555 Market Street
L		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation from airport
		Transportation from airport
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	09/07/2024	Uber
L	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	555 Market Street
	\$30.00	555 Market Street
		0 5 1 010405
L		San Francisco, CA 94105
	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
		Transportation to airport
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 60/73 Rpt: 85/99		3 Filer ID (Ethics Commission Filers) 00062850
4	Date	Moody, Joseph E. (The Honorable) 5 Payee name	00002630
	09/15/2024	Uber	
6	Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from airport
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/16/2024	Payee name Uber	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from Capitol
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 10/01/2024	Payee name Uber	
	Amount (\$) \$38.00	Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from airport
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 61/73 Rpt: 86/99	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062850
4	Date 10/15/2024	5 Payee name Uber
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/15/2024	Payee name Uber
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 555 Market Street San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation from Capitol
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/16/2024	Payee name Uber
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 555 Market Street
		San Francisco, CA 94105
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to Capitol
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 62/73 Rpt: 87/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/18/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.00	555 Market Street
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation to airport
		Transportation to airport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Data	David and the second se
	Date	Payee name
	10/21/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation from the aiport
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	10/22/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	555 Market Street
L		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation to Capitol
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Evaluation
Accounting/Banking Feconsulting Expense Footnibutions/ Donations Made By - Gionalidate/Officeholder/Political Committee Expense Footnibutions/ Donations Made By - Gionalidate/Officeholder

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 63/73 Rpt: 88/99	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		-
	10/22/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$44.00	555 Market Street		
		San Francisco, CA 94105		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Transportation to airport
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	expenditure to benefit C/OI		ugnt	Office field
	Data			
	Date 11/20/2024	Payee name Uber		
			1 -	
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$27.00	555 Market Street		
		0.5.		
		San Francisco, CA 94105		
	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
				Transportation to airport
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/05/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$14.00	555 Market Street		
		San Francisco, CA 94105		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District	`	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transportation to lunch meeting
	Complete ONLY if alias -t	Condidate/Officeholder name	Jak.	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held
	•			

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to cor	-	te this form.
1	Total pages Schedule F1:	•	_	3 Filer ID (Ethics Commission Filers)
	Sch: 64/73 Rpt: 89/99	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		-
	12/05/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$14.00	555 Market Street		
		San Francisco, CA 94105		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Transportation from lunch meeting
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	12/06/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$34.00	555 Market Street		
		San Francisco, CA 94105		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Transportation to airport
	Complete ONLY if direct	Condidate/Officeholder name Office cour	ah+	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	JIIL	Office held
	Date	Payee name		
	12/08/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$51.00	555 Market Street		
		San Francisco, CA 94105		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Transportation from airport
				Transportation from airport
	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
	expenditure to benefit C/O		9111	Chief 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 65/73 Rpt: 90/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/09/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	555 Market Street
		San Francisco, CA 94105
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
		Transportation to Capitol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/19/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.00	555 Market Street
	420.00	oss market street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation from Capitol
		Transportation from Capitor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.10	555 Market Street
	, ,	
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Transportation to airport
	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/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: 66/73 Rpt: 91/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	12/21/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.00	555 Market Street
		San Francisco, CA 94105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation from airport
		Transportation normaliport
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Data	David and the second se
	Date 12/21/2024	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	555 Market Street
		San Francisco, CA 94105
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transportation from airport
		Transportation from airport
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/12/2024	Payee name
		Vince Perez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 71309
		El Paso, TX 79917
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Contribution
		1 ontical contribution
_	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 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 The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI			-		3	Filer ID	(Ethics Commission Fi	lare)
-	Sch: 67/73 Rpt: 92/99		= seph E. (The Honor	able)				00062850	(Luiics Commission i	1013)
4	Date	5 Payee name					<u> </u>			
	11/06/2024	Weso Stea								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	nde					
ľ	\$39.34	601 N Mes		otate, zip ot	Juc					
	Ψ03.04	OOT IV MICS	a Sic 150							
		El Paso, T	(79901							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			므		de of Texas. Comp		
						_		officeholder living		
						Dinner meetii	ny ·	- Legisialive	issues	
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	08/06/2024	West Texas	s Chophouse							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$60.00	7723 Pase	o del Norte							
		El Paso, T	(79912							
	PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			=		de of Texas. Comp		
						Alejandra Ch		officeholder living		
						Alejanura Ch	ave	z Fundiaise	1	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ıld.	
	expenditure to benefit C/O		icensider name	Omec 300	agi it			Office fic	.iu	
_	Data	Davis a maria								
	Date 07/05/2024	Payee name								
			S Property Solutions							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$162.38	4673 Osbo	rne Dr Ste F							
		El Paso, T	(79922							
	PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Exper	ise				de of Texas. Comp		
								officeholder living	expense	
						Cleaning Ser	VIC	t		
	0 1. 0	0 111 1 - 1			Ļ			0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	ela	
	Superiorde to belieff 6/01	•								

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

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: 68/73 Rpt: 93/99	Moody, Joseph E. (The Honorable)	00062850
4 Date	5 Payee name	•
08/12/2024	West Texas Property Solutions	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$162.38	4673 Osborne Dr Ste F	
	El Paso, TX 79922	
8 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
		Cleaning service
9 Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/C	Н	
Date	Payee name	
09/18/2024	West Texas Property Solutions	
Amount (\$)	Payee address; City; State; Zip	Code
\$162.38	4673 Osborne Dr Ste F	
	El Paso, TX 79922	
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
		Cleaning service
		3 11 3
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/C	DH .	
Date	Payee name	
10/11/2024	West Texas Property Solutions	
Amount (\$)	Payee address; City; State; Zip	Code
\$162.38	4673 Osborne Dr Ste F	
	El Paso, TX 79922	
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 Cleaning service
		C.Salming Solviso
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/C		

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

	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: 69/73 Rpt: 94/99	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	11/18/2024	West Texas Property Solutions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$162.38	4673 Osborne Dr Ste F	
		El Paso, TX 79922	
8	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 Cleaning service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	-1	
F	Date	Payee name	=
	12/11/2024	West Texas Property Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$162.38	4673 Osborne Dr Ste F	
		El Paso, TX 79922	
	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.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Cleaning service	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-	Date	Payee name	-
	10/05/2024	Westside Democrats of El Paso	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.00	405 Valplano	
	420.00		
		El Paso, TX 79912	
_	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Membership dues	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Travel in District
Travel Out of District
OTHER (onter a cate

	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: 70/73 Rpt: 95/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/04/2024	Whole Foods Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.00	100 Pitts
L		El Paso, TX 79912
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District staff lunch
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/Oi	
	Date	Payee name
	07/05/2024	Wing Daddy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	7500 N Mesa
		El Paso, TX 79912
	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
		District staff lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantific to belieff G/OI	
	Date	Payee name
L	07/16/2024	Wing Daddy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	7500 N Mesa
L		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Eynense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District staff lunch
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portation to bottom 0/01	•

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/Officenoider/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: 71/73 Rpt: 96/99	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	10/31/2024	Wing Daddy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.00	7500 N Mesa
		El Paso, TX 79912
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 District staff lunch
		Bisant stan lanen
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/05/2024	Yellow Jacket Social Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.34	1704 East 5th
		Austin, TX 78702
	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 Capitol staff lunch
		Capitol Stall Idiloli
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/19/2024	Yellow Jacket Social Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.00	1704 East 5th
		Austin, TX 78702
	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 Capitol staff lunch
		Capitol Stall Idiloli
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 72/73 Rpt: 97/99	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	07/02/2024	Zoom Video Communications Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.04	55 Alamaden Blvd 6th Floor	
		San Jose, CA 95113	
8	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	
		Zoom account for campaign & officeholder meetings	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payes name	
	08/02/2024	Payee name Zoom Video Communications Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	55 Alamaden Blvd 6th Floor	
		San Jose, CA 95113	
	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	
		Zoom account for campaign & officeholder meetings	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
-	Date	Payee name	
	09/03/2024	Zoom Video Communications Inc	
	Amount (\$) \$17.04	Payee address; City; State; Zip Code 55 Alamaden Blvd 6th Floor	
	Φ17.04	55 Aldillaueli bivu olii Filoti	
		0104.05440	
		San Jose, CA 95113	
	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	
		Zoom account for campaign & officeholder meetings	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/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: 73/73 Rpt: 98/99	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	10/02/2024	Zoom Video Communications Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.04	55 Alamaden Blvd 6th Floor	
		San Jose, CA 95113	
8	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	
		Zoom account for campaign & officeholder meetings	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	11/04/2024	Zoom Video Communications Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	55 Alamaden Blvd 6th Floor	
		San Jose, CA 95113	
	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 Zoom account for campaign & officeholder meetings	
		200111 40004111 101 101111191 41 0111011111191	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
-	Date	Payee name	
	12/02/2024	Zoom Video Communications Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.04	55 Alamaden Blvd 6th Floor	
	Ψ17.04	33 Alamaden biva din 1 iddi	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Zoom account for campaign & officeholder meetings	
	2.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 99/99 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Moody, Joseph E. (The Honorable) 00062850 5 Name of person from whom amount is received 8 Amount (\$) 10/21/2024 \$124.00 Southwest Airlines 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75235 Purpose for which amount is received Check if political contribution returned to filer Partial refund for airfare