#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067618 17 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maricela NAME Date Received **ELECTRONICALLY FILED** 01/04/2025 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 140828 MAILING Amount Receipt # **ADDRESS** Change of Address Dallas, TX 75214 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Jeffrey M. NAME NICKNAME LAST **SUFFIX** Tillotson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1807 Ross Ave #325 **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 382-3041 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 5

GO TO PAGE 2
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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Moore, Maricela (The	e Honorable)	14 Filer ID 00067618	(Ethics Commis	ssion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00	
		ICAL CONTRIBUTIONS		\$	0.00	
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			•	0.00	
TOTALS				\$	0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	9,561.09	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$	80,040.06	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	0.00	
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Il information required	ecompanying rep to be reported b	oort is y me	
		The Hono	orable Maricela Moo	re		
		Signature of	Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	(	day	
of	, 20, to c	ertify which, witness my hand and seal of office.				
Cionatura of offi	por administaring anth	Drinted name of officer administrations and	Title of office	or administration	ooth	
Signature of office	cer administering oath	Printed name of officer administering oath	I ITIE OT OFFICE	er administering	ualn	

### SUBTOTALS - JC/OH

## FORM **JC/OH** COVER SHEET PG 3

			C	3 of 17
I	ER NAN	(Ethics Commission Filers)		
	HEDULI	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 9,561.09
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense 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: 1/14 Rpt: 4/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	07/02/2024	AT&T Internet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$272.93	208 S Akard St
		Dallas, TX 75202
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
		Internet access
		michiel assess
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/21/2024	Al Biernet's
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.50	4217 Oak Lawn
		Dallas, TX 75219
	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
		Lunch with court staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/30/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.31	410 Terry Ave. N
		Seattle, WA 98109
	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 Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter 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: 2/14 Rpt: 5/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	11/01/2024	American Inn of Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	225 Reinekers Lane Ste 770
L		Alexandria, VA 22314
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  Membership dues
		Wellibership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/10/2024	Arts District Mansion
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.00	2101 Ross Ave
	Φ24.00	2101 ROSS AVE
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking and lunch Dallas Bar Association event
		Taking and lands bar 7,0500lation event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	10/10/2024	Arts District Mansion
	Amount (\$)	
	` '	
	\$5.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking during Dallas Bar Association event
		Taking daling ballas ball / lossolation event
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/14 Rpt: 6/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	11/14/2024	Arts District Mansion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	2101 Ross Ave
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking during Dallas Bar Association event
		Taking daling Dalias Dali / 1850station overthe
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	12/05/2024	Arts District Mansion
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking during Dallas Bar Association event
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/09/2024	Austin Hut Burger
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.45	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
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Meal during trip to Austin for CLE presentation
L	Operation ONE VIII II	Outside to 100% as had been assessed as 100% as a supply of 100% a
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

### SCHEDULE F1

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter 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: 4/14 Rpt: 7/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	12/18/2024	Bistro 31
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.56	87 Highland Park Village Suite 200
		Dallas, TX 75205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Court staff lunch
		Sourt stail failion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/27/2024	Bobbie's Airway Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$383.25	5959 Royal Ln #515
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal with campaign supporters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/09/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$683.64	8055 Churchill Way
		Dallas, TX 75251
	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
		Office supplies
_	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 8/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	12/02/2024	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$903.30	8055 Churchill Way
		Dallas, TX 75251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/21/2024	Dallas Morning News
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.08	1954 Commerce St
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	09/19/2024	Dalworth Carpet Cleaning
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,315.24	12750 S Pipeline Rd #1a
		Euless, TX 76040
	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
		Repair water damage in court offices
		repair water damage in court offices
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gif Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services ne Instruction Guide explains		pense ages/Contract Labor	Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:		Ja /Tha I I a see I I N			3 Filer ID	(Ethics Commission Filers)
	Sch: 6/14 Rpt: 9/17		ela (The Honorable)			00067618	
4	Date	5 Payee name	No. Long.				
	11/16/2024	Hook Line & S					
6	Amount (\$)	7 Payee address;		e; Zip Coo	de		
	\$15.10	3103 Lemmor	I AVE E				
		Dallas, TX 752	204				
8	PURPOSE	(a) Category (See C	Categories listed at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Food/Beverag				outside of Texas. Con	
					Check if Austin Meal with col	i, TX, officeholder livini	g expense
					ca. with col		
9	Complete ONLY if direct	Candidate/Officel	holder name	Office soug	jht	Office h	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	10/16/2024	Hudson House					
	Amount (\$)	Payee address;	•	e; Zip Coo	de		
	\$23.49	4448 Lovers L	.n				
		Dallas, TX 752	225				
	PURPOSE OF		Categories listed at the top of this sch	hedule)	(b) Description	outside of Tours C	anlata Sahadula T
	EXPENDITURE	Food/Beverag	e Expense		<u> </u>	outside of Texas. Con	
					Meal with sup		
Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH				jht	Office h	eld	
L							
	Date	Payee name					
	11/13/2024	McAfee					
	Amount (\$)	Payee address;		e; Zip Coo	de		
	\$162.36	6220 America	Center Drive				
		San Jose, CA	95002				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Office Overhe	ad/Rental Expense			outside of Texas. Con	
					Software sub	n, TX, officeholder living SCription	g expense
					0 000	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
	Complete ONLY if direct	Candidate/Officel	holder name	Office soug	jht	Office h	eld
	expenditure to benefit C/O	İ					

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 10/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	09/27/2024	Mercury
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.38	11909 Preston Rd #1418
		Dallas, TX 75230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	12/05/2024	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,029.94	5500 Greenville Ave Ste 700
		Dallas, TX 75206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office framing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/02/2024	Microsoft Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	7000 SR 161
		Dallas, TX 75039
	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  Office software
		Since Soliware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/	Expense Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1 Total pages Schedule F1: 2 FILER N.		2 FILER NAM	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/14 Rpt: 11/17	Moore, Ma	aricela (The Honorable)	1				00067618	
4	Date	5 Payee nam	ne						
	07/26/2024	New York	Times						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode				
	\$21.28	620 Eight	h Avenue Manhattan						
		New York	City, NY 10018						
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				므		de of Texas. Com	
						Check if Austin, Subscription	, TX,	officeholder living	expense
						Capaciipiioii			
9	Complete ONLY if direct	Candidate/O	Officeholder name	Office sou	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O			2.1100 300	9-14				
	Date	Payee nam							
L	08/23/2024	New York	Times						
	Amount (\$)	Payee add		State; Zip Co	ode				
	\$21.28	620 Eight	h Avenue Manhattan						
		New York	City, NY 10018						
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			<b>—</b>		de of Texas. Com officeholder living	
						Subscription	, ιλ,	omenoider living	evhense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					eld				
	expenditure to benefit C/O	4							
	Date	Payee nam	ne						
	09/20/2024	New York							
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode				
	\$21.28	-	h Avenue Manhattan						
		New York	City, NY 10018						
	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			브		de of Texas. Com	
						Subscription	, 1X,	officeholder living	expense
						Casconpuon			
	Complete ONLY if direct	Candidate/O	officeholder name	Office sou	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O			220	J•			200 110	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	
Ļ		
1	Total pages Schedule F1: Sch: 9/14 Rpt: 12/17	2 FILER NAME Moore, Maricela (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067618
4	Date	5 Payee name
•	10/21/2024	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	11/15/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.28	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.60	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Subscription
	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 -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: 10/14 Rpt: 13/17	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	12/12/2024	Oishi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.45	11700 Preston Rd Suite 650
		Dallas, TX 75230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with colleagues
		Wied With Concagues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/07/2024	Paper Source
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.19	6025 Royal Ln # 128
		Dallas, TX 75230
	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
		Stationary
		Stationary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/23/2024	Parkingreceipts.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	5000 Legacy Drive, Suite #360
		Plano, TX 75024
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking during Dallas Bar Association event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/61	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 11/14 Rpt: 14/17	Moore, Ma	ricela (The Honorable)				L	00067618	
4	Date	5 Payee name				•			
	11/14/2024	Petals and							
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	ode				
	\$76.86	13319 Mon	tfort Dr						
		Dallas, TX	75240						
8	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		s/Memorials Expense	io concuaio,			outsi	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		·			_		officeholder living	expense
						Flowers for of	ffice	e staff	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	ld
L	·								
	Date	Payee name							
L	08/16/2024	Southwest	Airlines						
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode				
	\$512.92	2702 Love	Field Drive						
		Dallas, TX	75235						
	PURPOSE	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out		,				de of Texas. Comp	
	LAFLINDITURE							officeholder living	
						Travel to mak	ke p	presentation	at CLE
	0 1. 0			0""	<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ught			Office he	Id
	Date	Payee name	•						
	07/22/2024	Staples							
	Amount (\$)	Payee addre	•	tate; Zip Co	ode				
	\$35.71	11700 Pres	ston Rd #720						
		Dallas, TX	75230						
	PURPOSE	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense	,				de of Texas. Comp	
	LA LIBITORL							officeholder living	expense
						Office supplie	S		
	Complete ONLY if direct	Candidata/Off	iocholder name	Office	ıaht			Office he	Id
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ugrit			Office ne	ıu
	•								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract La  The Instruction Guide explains how to complete this for			e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER N	IAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 12/14 Rpt: 15/17	Moore,	Maricela (The Honora	able)					00067618	
4	Date	<b>5</b> Payee n	ame							
	09/13/2024	Starbu								
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State;	Zip Coo	de				
	\$15.00	-	I-35 Frontage Rd							
			•							
		Austin.	TX 78704							
8	PURPOSE				.1->	(h)	Description			
ľ	OF		y (See Categories listed at the everage Expense	top of this schedu	ule)	(5)		outsio	de of Texas. Com	olete Schedule T.
	EXPENDITURE	1 000/10	everage Expense				느		officeholder living	
							Meal during to	rip 1	to Austin for	CLE presentation
9	Complete ONLY if direct		e/Officeholder name	Off	ice souç	ght			Office he	eld
	expenditure to benefit C/O	1								
	Date	Payee n	ame							
	08/07/2024	That's	Great News							
	Amount (\$)	Payee a	ddress; City;	State;	Zip Cod	de				
	\$378.98	900 Northrop Rd								
	,		•							
		\/\/allino	ford, CT 06492							
	DUDDOCE	_				/b\				
	PURPOSE OF		y (See Categories listed at the		ule)	(D)	Description  Check if travel of	nutsir	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Опісе	Overhead/Rental Expe	ense			<b>—</b>		officeholder living	
							Custom frami			
	Complete ONLY if direct		e/Officeholder name	Off	ice souç	ght			Office he	ıld
	expenditure to benefit C/OI	4								
H	Date	Payee n	ame							
	10/04/2024	The Me								
	Amount (\$)	Payee a		State;	Zin Cor	de				
	\$400.98	,	urtle Creek Blvd	Ciaio,	p 000					
	Ψ-00.90	<u> </u>	and Orock Divu							
		Dallas	TV 7E207							
			TX 75207		-					
	PURPOSE OF		y (See Categories listed at the	top of this schedu	ule)	(b)	Description	outo:	do of Toyes Co	aloto Sobodulo T
	EXPENDITURE	Food/B	everage Expense				ш		de of Texas. Comp officeholder living	
							Meal with sup			
									-	
	Complete ONLY if direct	Candidate	e/Officeholder name	Off	ice soug	aht			Office he	ıld
	expenditure to benefit C/O			3	5046	, <b>.</b>			2,00 110	

### 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		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: 13/14 Rpt: 16/17	Moore, Maricela (The Honorable)	00067618			
4	Date	5 Payee name				
	12/17/2024	Tom Thumb				
-	Amount (\$)	7 Payee address; City; State; Zip Code				
U	\$455.23	6333 East Mockingbird Lane				
	Ψ433.23	0333 Last Mockingbild Lane				
		D. H. TV 7704				
		Dallas, TX 75214				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Citti Wards/Memoriais Expense	outside of Texas. Complete Schedule T.			
		Gifts for court	TX, officeholder living expense			
		Citization country	. Steri			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/OI		Office field			
	Date	Payee name				
	11/12/2024	UPS				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.60	555 S Lamar St				
		Dallas, TX 75202				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.			
	LXI LINDITORL		TX, officeholder living expense			
		Postage and	Snipping			
	0 1: 0 1: 0		000			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	09/06/2024	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$105.78	1455 Market St #400				
		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel Out of District Check if travel of	outside of Texas. Complete Schedule T.			
	LXI LINDITORL		TX, officeholder living expense			
		Ground trans presentation	portation during trip to Austin for CLE			
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	als Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 17/17			aricela (The Hor	norable)				00067618	
4	Date	5	Payee name	e						
	08/07/2024		World Mar							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Code	!			
	\$1,196.11			Lawn Ave Suite						
L			Dallas, TX			1				
8	PURPOSE OF	(a)		See Categories listed a		edule) (b	Description	al oute	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Office Ove	erhead/Rental E	xpense				, officeholder living	
							Office furnis			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	fficeholder name	C	Office sough	t		Office he	eld