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) 00081672 13 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Michelle D. NAME Date Received **ELECTRONICALLY FILED** 01/12/2025 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 90492 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77290 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Vanessa L. NAME NICKNAME LAST **SUFFIX** Johnson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2925 Gulf Fwy S., Ste. B **ADDRESS** (Residence or Business) League City, TX 77573 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 507-0787 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 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 District Judge District 314 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 13

candidate / officeholder.	he candidate's or officel	holder's knowledge or		
COMMITTEE TYPE	COMMITTEE NAME			
GENERAL				
_	COMMITTEE ADDRESS			
SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
			\$ 0	0.00
		S)	\$	0.00
3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
I. TOTAL POLIT	CAL EXPENDITURES		\$ 1,658	3.33
		AST DAY OF THE	\$ 61,520).88
		OF THE LAST DAY	\$ 0	0.00
	Ms. N	Michelle D. Moore		
	Signature of	Candidate or Officehold	ler	
ARY STAMP / SEAL ABO	OVE			
bed before me, by the sa	aid	, this the	day	
, 20, to ce	ertify which, witness my hand and seal of office.			
r administering oath	Printed name of officer administering oath	Title of officer	administering oath	
	COMMITTEE TYPE GENERAL SPECIFIC SPECIFIC TOTAL UNITEMINOR GUARANTEE TOTAL POLITI (OTHER THAN I) TOTAL UNITEMINOR GUARANTEE TOTAL POLITICA REPORTING PE TOTAL PRINCIP OF THE REPORT SHOW THE REPORT TOTAL POLITICA REPORTING PE TOTAL POLITICA REPORT TOTAL POLITICA REP	Andidate / officeholder. These expenditures may have been made without to consent. Candidates and officeholders are required to report this information consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE COMMITTEE NAME	Andidate / officeholder. These expenditures may have been made without the candidate's or office- brossent. Candidates and officeholders are required to report this information only if they receive not COMMITTEE TYPE GENERAL GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS TOTAL POLITICAL CONTRIBUTIONS TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MS. Michelle D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder SIGNATURE OF THE REPORT OF THE ADDRESS OF THE LAST DAY AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. Moore Signature of Candidate or Officeholder AND MICHEL D. MOORE SIGNATURE D. MOORE SIGNATURE D. MOORE SIGNATURE D. MOORE S

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 13						
18 FILER NAI Moore, M	ME lichelle D. (Ms.)	19 Filer ID 00081672	(Ethics Commission Filers)						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT								
1.	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	S	\$ 1,658.33						
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 ITO FILER	RETURNED	\$						

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee I	Legal Services	•		/ages	Contract Labor OTHER (enter a category not listed above)					
	•			The Instruction G	Guide explains l	now to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)	
	Sch: 1/7 Rpt: 4/13		Moore, Mich	elle D. (Ms.)						00081672			
4	Date	5	Payee name										
	10/23/2024		2020 Market	t Scratch									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de						
	\$41.68		1500 Rivery	Blvd									
			Georgetown	. TX 78628									
8	PURPOSE	⊢					(h)	Description					
ľ	OF			e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.		
	EXPENDITURE		roou/bever	age Expense				=	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								Food at CWJ	С				
9	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
H	Date		Payee name										
	07/15/2024	ı	Budget Rent	t A Car									
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de						
	\$399.85	ı	6 Sylvan Wa	-	,								
	φοσ.σσ		o Cyrrair We	•9									
			Developen	Travelilla NII	07054								
		_		Troy Hills, NJ									
	PURPOSE OF			e Categories listed at			(b)	Description					
	EXPENDITURE		Transportation Expense	on Equipment	And Related			=		officeholder livin	nplete Schedule T. a expense		
			Lybelise					Car rental for					
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	aht			Office h	eld		
	expenditure to benefit C/O						9						
-	Date	_	Daysa nama										
	07/21/2024		Payee name Costco										
							_						
	Amount (\$)	l	Payee addres		State;	Zip Co	de						
	\$35.61		12405 N Ge	ssner Rd									
			Houston, TX	77064									
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description					
	OF EXPENDITURE		•	on Equipment	And Related						nplete Schedule T.		
			Expense					_		officeholder livin	CJFCJ conference		
								gas ioi cai le	iild	i wille at IV	Con Co Connenence		
_	Complete ONLY if direct	Щ	Candidate/Offic	eholder name		Office sou	ah+			Office h	ald		
	Complete ONLY if direct expenditure to benefit C/OH		zai iuiuale/OIIIC	enoluel Hallie	C	mice Sou	yııı			Office fi	ciu		

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: 2/7 Rpt: 5/13	Moore, Michelle D. (Ms.) 00081672
4	Date	5 Payee name
	07/31/2024	Costco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.93	12405 N Gessner Rd
		Houston, TX 77064
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
		Jury Snacks
		oury oridons
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2024	Davis , Dedra (Judge)
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.06	201 Caroline St
		Houston, TX 77002
	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 Website domain name www.houston19.com for 3
		years. Judge Davis in turn paid GoDaddy.
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/27/2024	Felfel Mediterranean
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.04	4401 South Tamarac Pkwy
		Denver, CO 80237
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food at NAPCO conference
		FOOD AL WAP CO COINCIENCE
	Compulate ONU V if alice	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	parameter solient of or	

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services			/ages	nse Pravel Out of District es/Contract Labor OTHER (enter a category not listed above) elete this form.				e)
		_			uiue expiairis i	iow to co	IIIPIE	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/7 Rpt: 6/13		Moore, Mich	nelle D. (Ms.)						00081672		
4	Date	5	5 Payee name									
	07/30/2024		GoDaddy O	perating Compa	any LLC							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$357.92	l	14455 North	ı Hayden Rd.								
		l	Suite 219									
		l	Scottsdale,	AZ 85260								
8	PURPOSE	(0)				Î	(h)	Description				
°	OF	(a)		e Categories listed at t	he top of this sche	edule)	(D)	Description	outci	do of Toyas Cor	nplete Schedule T.	
	EXPENDITURE	l	Advertising I	Expense				=		officeholder livin		
		l						_	name expense and website name			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	07/23/2024		Key Airport	Parking								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$37.18		7777 Airport	Blvd								
			Houston, TX	77061								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l	Airport parki	ng				=			nplete Schedule T.	
		l						ш		officeholder livin		
								NCJFCJ conf			airport and flew	to
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/29/2024		Key Airport	Parking								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$46.54		7777 Airport	Blvd								
			Houston, TX	77061								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	l		on Equipment A				ш			nplete Schedule T.	
	EXPENDITORE	l	Expense					_		officeholder livin		
								Airport parkin	g fo	or NAPCO	conference	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
L	expenditure to benefit C/O	н —										
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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services	·		/ages	Contract Labor OTHER (enter a category not listed above)				above)
		_		The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 4/7 Rpt: 7/13		Moore, Mich	nelle D. (Ms.)						00081672		
4	Date	5	Payee name									
	08/12/2024		Kroger									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.37		8745 Spring	Cypress								
			Spring, TX 7	77379								
8	PURPOSE	(a)	Category (Sc	e Categories listed at	the ton of this scher	dulb)	(b)	Description				
	OF	<u> </u>		age Expense	uic top of this seriet	uuic)	` ,	_ `	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			, , , , , , , , , , , , , , , , , , ,		Check if Austin,	, TX,	officeholder livin	g expense			
								Creamer for o	coff	ee for juror	S.	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	07/23/2024		Los Taquitos	S								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$15.20		4202 E Sky	Harbor Blvd								
			Phoenix, AZ	85034								
	PURPOSE	(a)		e Categories listed at			(h)	Description				
	OF	(")		age Expense	tne top of this sched	aule)	(~)	_ ·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 000/Deven	age Expense				Check if Austin,	, TX,	officeholder livin	g expense	
								Food				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/26/2024		P.F. Chang's	S								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$60.82		8377 E. Ha	rtford								
			ste 200									
			Scottsdale,	AZ 85255								
	PURPOSE	(a)		e Categories listed at	4l- 4 4 4l-: l	-1-1->	(h)	Description				
	OF	(~)		age Expense	tne top of this sched	aule)	(2)	X Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		1 OOG/Deven	age Expense						officeholder livin		
								food at confe	ren	ce		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/7 Rpt: 8/13	Moore, Michelle D. (Ms.) 00081672
4	Date	5 Payee name
	10/22/2024	Schlotzkys
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.03	5620 Glenridge Rd
		atlanta, GA 30342
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 2024 Child Welfare Judges Conference
		2024 Office Studyes Conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
-	Date	Dove name
		Payee name
	08/26/2024	Shanahans Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.44	5085 S Syracuse St
		Denver, CO 80237
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food at NAPCO conference
		Food at NAF CO conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 07/22/2024	Payee name Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.20	910 Louisana St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Gas while in AZ for NOJEGS conference.
_	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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 6/7 Rpt: 9/13	Moore, Michelle D. (Ms.) 00081672
4 Date	5 Payee name
07/23/2024	Sheraton Grand Wild Pass
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.20	5594 West Wild Horse Pass
	Phoenix, AZ 85226
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
	Food NCJFCJ conference.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/Of	
Date	Payee name
08/27/2024	Snooze A.M Eatery
Amount (\$)	Payee address; City; State; Zip Code
\$50.58	3001 Brighton blvd
	ste 303
	Denver, CO 80216
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
	Food at NAPCO conference
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/27/2024	Snooze A.M Eatery
Amount (\$)	Payee address; City; State; Zip Code
\$37.05	3001 Brighton blvd
	ste 303
	Denver, CO 80216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense X Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food at NAPCO conference
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Superiority to borront O/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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		/ages	/Contract Labor OTH	el Out of Distr HER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1: Sch: 7/7 Rpt: 10/13	ı	FILER NAME Moore, Michelle D. (Ms.)				er ID 081672	(Ethics Commission Filers)
4	Date 07/21/2024		Payee name Texas Roadhouse					
6	Amount (\$) \$170.00		Payee address; City; State 6040 Dutchmans Ln. Ste. 200 louisville, KY 40205	e; Zip Co	de			
<u>_</u>	DUDDOCE	—		1	(b)	Description		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)	(a) 	Description Check if travel outside of Check if Austin, TX, office Dinner at conference	eholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		andidate/Officeholder name	Office sou	ght		Office hel	d
	Date		Payee name					
L	08/28/2024		White Chocolate Grill					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$71.63		7000 E Mayo Blvd					
			Building 6					
			Phoenix, AZ 85054					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outside of Check if Austin, TX, office		
						Food at NAPCO	sorder inviting (
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office hel	d

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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