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 12 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Michelle D. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Vanessa L. NAME NICKNAME LAST **SUFFIX** Johnson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 507-0787 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 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 12

13 C / OH NAME	Moore, Michelle D. (1	he Honorable)	14 Filer ID 00081672	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political e These expenditures may have been made d officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE			
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
	2. TOTAL POLIT (OTHER THAN	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	1 25, 110)	\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 3,452.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	F THE LAST DAY OF THE	\$ 58,132.28	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			er penalty of perjury, that the acc cludes all information required t n Code.	
		The	e Honorable Michelle D. Mod	ore
		Sign	nature of Candidate or Officeho	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal of o	ffice.	
Signature of office	er administering oath	Printed name of officer administering	oath Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 12						
I	ER NAN oore, Mi	IE chelle D. (The Honorable)	19 Filer ID 00081672	(Ethics Commission Filers)		
I	HEDULI ME OF	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	3	\$ 3,452.84		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.		\$				
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	. 🗆	\$				
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER \ensuremath{T}	RETURNED	\$		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	lete this form.		
1 T	otal pages Schedule F1:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/9 Rpt: 4/12	l	Moore, Michelle D. (The Honorable)			0008167	2
4 D	ate	5	Payee name				
0	5/12/2025	l	Buc-ee's				
6 A	mount (\$)	7	Payee address; City; State; Zip C	ode			
	\$10.48	l	327 FM 2004				
		l					
		l	Lake Jackson, TX 77566				
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense			de of Texas. C	Complete Schedule T.
1	LAFENDITORE	l			Check if Austin, TX,		
		l			conference.	on the w	ay to the regional
	Annual ata ONII V if alianat		Oscalista to 10th a balden near			04:	- 11-1
	complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougnt		Office	; neia
		_					
	ate	l	Payee name				
0	2/19/2025	L	Chick Fil A				
Α	mount (\$)	l	Payee address; City; State; Zip C	ode			
	\$4.97	l	5200 Buffington Road				
		l					
			Atlanta, GA 30349				
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	l	Food/Beverage Expense		Check if travel outsing Check if Austin, TX,		Complete Schedule T.
		l			dinner at Juvenil		
		l					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u> </u>		Office	 e held
	xpenditure to benefit C/O			9			
Г	vate	Т	Payee name				
	2/17/2025	l	Chick Fil A				
		╀		`odo			
А	mount (\$) \$13.74	l	Payee address; City; State; Zip C 5200 Buffington Road	oue			
	Ψ13.74	l	3200 Bullington Noau				
		l	Atlanta CA 20240				
		╙	Atlanta, GA 30349	-			
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description Chack if travel outsi	do of Toyon (Complete Schedule T.
-	EXPENDITURE	l	Food/Beverage Expense		Check if Austin, TX,		·
		l			Dinner at Juveni		
С	complete ONLY if direct	_	Candidate/Officeholder name Office so	ught		Office	e held
	xpenditure to benefit C/O	Н		_			

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 Lenal 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: Sch: 2/9 Rpt: 5/12	2 FILER NAME Moore, Michelle D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081672
4 Date 03/03/2025	5 Payee name Dunson, Linda (Judge)
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 201 caroline 15th fl houston, TX 77002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad in CLW 40 plus models
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 03/28/2025	Payee name Finch, Toria (Judge)
Amount (\$) \$56.00	Payee address; City; State; Zip Code 1201 Franklin 12th Floor Houston, TX 77002
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment for "Houston 19" pin.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/19/2025	Payee name GoDaddy Operating Company LLC
Amount (\$) \$126.48	Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website maintenance fee
Complete ONLY if direct expenditure to benefit C/O	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

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

Candi	tions/ Donations Made B date/Officeholder/Politica ard Payment	
1 Total no	ana Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	3/9 Rpt: 6/12	2 FILER NAME Moore, Michelle D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081672
4 Date		5 Payee name
06/25/2	2025	Gray-Chambers, Lori (Judge)
6 Amount	(\$)	7 Payee address; City; State; Zip Code
	\$20.00	1201 Franklin
		15th Floor
		Houston, TX 77002
8 PUR	POSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPEN	IDITURE	Check if Austin, TX, officeholder living expense
		Banner for H19 in Pride Parade
	te <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sought Office held
Date		Payee name
01/21/2	2025	Gray-Chambers, Lori (Judge)
Amount	(\$)	Payee address; City; State; Zip Code
	\$100.00	1201 Franklin
		15th Floor
		Houston, TX 77002
	RPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	NDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution to H19 scholarship fund.
	te <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sought Office held H
Doto		David range
Date	0025	Payee name
03/20/2	2025	HKD
Amount	` '	Payee address; City; State; Zip Code
	\$203.10	2615 Riverside Dr
		Houston, TX 77004
	RPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	NDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ticket to Tea with Judge Gilmore. Hosting law
		student.
Committee	to ONLY if direct	Condidate/Officeholder name Office sought
	te <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sought Office held
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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed a	bove)
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	ı							3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/9 Rpt: 7/12		Moore, Mich	elle D. (The H	onorable)					00081672		
4	Date	5	Payee name									
	03/13/2025		Harris Coun	ty Democratic	Party							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$75.00		3302 Canal	St								
			Ste 62									
			Houston, TX	77003								
8	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	lade By						mplete Schedule T.	
	EXI ENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee		_		officeholder livin	ng expense	
								Donation for I	IIai	ne bauge		
9	Complete ONLY if direct	<u> </u>	Candidata/Offic	ceholder name		Office cou	aht			Office h	oold	
9	Complete ONLY if direct expenditure to benefit C/OH		zanuluale/Onic	zenoluer name	(Office sou	grit			Office h	ieiu	
_		_										
	Date	ı	Payee name	ali Amaniana F) o ma o o u o to							
	02/21/2025	╙		ıck American [
	Amount (\$)	ı	Payee addres		State	; Zip Co	de					
	\$100.00		PO Box 981	087								
			>	. =====								
		⊢	Houston, TX									
	PURPOSE OF			e Categories listed at		edule)	(b)	Description	outo:	de of Toyon Cor	mulata Cabadula T	
	EXPENDITURE			s/Donations M Officeholder/Po	,	ittee		=		officeholder livin	nplete Schedule T. ig expense	
								HBAD Gospe	el B	runch ticke	t	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	05/24/2025		Houston LG	BTQ+ Politica	Caucus							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$80.00		401 Branard	l St								
			Houston, TX	77006								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees	.		,		Check if travel			mplete Schedule T.	
	LXFENDITORE									officeholder livin	ng expense	
								Membership	uue	25		
	Complete ONLY if aligned	Ļ	Condidate /Offi	oholder nems		Office and	abt			Office !-	oold	
	Complete ONLY if direct expenditure to benefit C/OH		Januuale/Offic	ceholder name	(Office sou	ynt			Office h	ieiu	

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: 5/9 Rpt: 8/12	Moore, Michelle D. (The Honorable) 00081672
4	Date	5 Payee name
	03/05/2025	Houston Lawyers Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.00	P.O. Box 300009
		Houston, TX 77230
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
		Ticket to HLA Awards Gala 2025
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2025	Meyerland Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.00	P.O. Box 310061
		Houston, TX 77231
	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
		membership fee
		membership lee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/16/2025	Meyerland Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 310061
	Ψ20.00	F.O. Box 310001
		Houston, TX 77231
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 to political club
L	Operation ONE VIII II	Our district Office health are some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		

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: 6/9 Rpt: 9/12	Moore, Michelle D. (The Honorable) 00081672
4	Date	5 Payee name
	02/25/2025	One City Centre Main Parking Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.00	1111 Fannin St
		Houston TV 77002
Ļ		Houston, TX 77002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Parking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting with Lesley Briones and Pct 4
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	05/27/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.74	2101 SE Simple Savings Dr
		Bentonville, AR 72716
	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
		Juror snacks
	Operation ONLY if dispose	Our distance (Office health are nown as the control of the control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 02/07/2025	Payee name Texas Association of District Judges
		-
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 201 Caroline
	Ψ1,000.00	10th Floor
		Houston, TX 77072
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation and membership to Texas Association of District Judges
L	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
l		

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			Legal Services	us Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed above)	
	Credit Card F dyment			The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/9 Rpt: 10/12		Moore, Mich	elle D. (The F	lonorable)					00081672		
4	Date	5	Payee name									
	02/07/2025		Texas Asso	ciation of Disti	ict Judges							
6	Amount (\$)	7	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$50.00		201 Caroline	Э								
			10th Floor									
			Houston, TX	77072								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations N	1ade By						nplete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Com	mittee		_		officeholder livin	g expense	
								membership t	iee			
_	Opening ONLY if allowed	Ļ	2 11 - 1 - 1 - 1 O FF			04:	1-4			O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name		Office sou	gnt			Office h	ela	
_		_										_
	Date		Payee name									
	05/12/2025			er for the Judio								
	Amount (\$)		Payee addres		Stat	e; Zip Co	de					
	\$75.00		1210 San Aı	ntonio								
			Ste 800									
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			nplete Schedule T.	
								Regional Con		officeholder livin		
								rtegional con	IICI	crice regist	ration ice	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						5					
-	Date	Π	Payee name									_
	03/18/2025		•	er for the Judio	ciary							
	Amount (\$)		Payee addres			e; Zip Co	nda					
	\$960.00		1210 San Aı	-	Stati	e, zip cc	ue					
	Ψ300.00		Ste 800	illoriio								
				10704								
			Austin, TX 7									
	PURPOSE OF	(a)		e Categories listed a		chedule)	(b)	Description	outoi.	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE			s/Donations N Officeholder/Po		mittee				officeholder livin		
			Carlalaate/C	Zinceriolaci/i	milicai Comi	Tillitie					mond Gavel level.	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI											
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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

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

	Credit Card r dyment	The Instruction Guide explains how to comp	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 11/12	Moore, Michelle D. (The Honorable)		00081672
4	Date	5 Payee name		-
	05/23/2025	Texas Gulf Coast AFL CIO		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$125.00	2506 Sutherland St		
		Houston, TX 77023		
8	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.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				2025 Working Families Awards Celebration
_	Operation ONE V & discont	Out lide to 10 ff and a li		Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ΠL	Office held
	Date	Payee name		
	02/18/2025	Thai Box		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$23.02	190 E. Stacy RD #1410		
		Allen, TX 75002		
	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 at Juvenile Law Conference
				Zunon at cuvonno zuw comorcine
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	•		5.11.co
	Date	Payee name		
	04/21/2025	Williams, Lashawn (Judge)		
	Amount (\$)			
	\$58.82	Payee address; City; State; Zip Code 201 caroline	е	
	Ψ30.02	15th fl		
		houston, TX 77002		
	PURPOSE OF	, ,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Payment for ad in National Bar Association
				magazine
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 Salaries (Contract Labor,

	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: 9/9 Rpt: 12/12	Moore, Michelle D. (The Honorable) 00081672
4	Date	5 Payee name
	06/02/2025	Williams, Lashawn (Judge)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	201 Caroline
		5th fl
		Houston, TX 77002
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
		Houston 19 ad in YWCA program.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/14/2025	walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.49	22605 State Highway 249
		Tomball, TX 77068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal size printer paper
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Oi	<u>'</u>
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