# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00062850	sion Filers)	2 Total pages fil	ed: )2
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph E.			Date Received  ELECTRONICA	
	NICKNAME	LAST		SUFFIX	07/13/2025	
	THORIVAL INC.	Moody		30111X		
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 920827				Receipt#	Amount
Change of Address	El Paso, TX 79902					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Maggie Morale	es .			
	NICKNAME	LAST		SUFFIX		
		Moody				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOY DI EASE):	Λ D.T	/ SUITE #; CITY;	CT/	ATE; ZIP CODE
TREASURER ADDRESS	285 Puesta Del Sol	J BOX PLEASE),	API	/3011E#, CITT,	317	ATE, ZIP CODE
(Residence or Business)	El Paso, TX 79912					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 581-2113					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after car	mpaign treasurer
	X July 15	8th day before	election $\square$	Exceeded modified	Final Report (Atta	
		our day before	election	reporting limit	Final Report (Alla	cii c/on-rk)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TF	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	ΧP	rimary	Runoff	Other	
	05/03/2025	□□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 78 El Paso		State Represent	tative District 78	
	1			ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 102

13 C / OH NAME	Moody, Joseph E. (Ti	ne Honorable)	<b>14</b> Filer ID (I 00062850	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 99,470.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 128,749.97
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 299,996.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hone	rable Joseph E. Mood	dv.
			Candidate or Officehold	<u>-</u>
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

					3 of 102
18 FILER			19 Filer ID	(Eth	ics Commission Filers)
		seph E. (The Honorable)	00062850		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	99,090.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	380.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	125,963.43
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,786.54
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 F TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/102	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of Adams, Will</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Katy, TX 77494 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	Lawyer	oution 7 oob title (See Instituctions)		Adams Law Firm			
	Date Full name of contributor out-of-state PAC (ID#:)  06/24/2025 Bowling, IV, Robert L  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	D: : 1	El Paso, TX 79912	1				
Principal occupation / Job title (See Instructions) Employer (See Instructions  Home Builder Tropicana Homes		)					
	Date 06/13/2025	Full name of contributor out-of Danburg, Debra Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/24/2025	Engels, Jan	-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor out-of Focused Advocacy PAC Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/102	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commission 00062850	ion Filers)
4	Date 06/12/2025	<ul><li>5 Full name of contributor Gulf States Toyota Inc Sta</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
_	Dringing Loon	Houston, TX 77077	<u> </u>	) Employer (Con Instructions	_		
8	Principal occu	pation / Job title (See Instructions	(1)	<b>9</b> Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/23/2025 Hill, Justin  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
		Castle Hills, TX 78213	, 1		<u></u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions  Attorney Hill Law Firm		5)					
	Date 06/24/2025	Full name of contributor Jimenez, Demetrio M Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
		El Paso, TX 79922					
	Principal occu President	pation / Job title (See Instructions	)	Employer (See Instructions Tropicana Properties, In	•		
	Date 06/24/2025	Full name of contributor Kilpatrick, Timothy Contributor address; City; St El Paso, TX 79912		)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor Loewy, Adam Contributor address; City; St Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu Attorney	pation / Job title (See Instructions	(1)	Employer (See Instructions Loewy Law Frim	5)		
			<u> </u>				

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/102	
2	FILER NAME Moody, Jose	ph E. (The Honorable)			3	Filer ID (Ethics Commissi 00062850	on Filers)
4	Date 06/23/2025	Moak Casey PAC	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Natividad, Jr., Pedro  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Dringinal occu	El Paso, TX 79904		Employer (See Instructions)			
Principal occupation / Job title (See Instructions)  Nurse Practitioner  Employer (See Instructions)  Providence Medical Par			rs				
	Date 06/26/2025	Full name of contributor Perdue, Jim  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77056					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions) Perdue & Kidd	)		
	Date 06/24/2025	Full name of contributor Schild, Kitty  Contributor address; City; State;  El Paso, TX 79912	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 06/24/2025	Full name of contributor  Texans for Truth & Liberty PA  Contributor address; City; State;  Austin, TX 78701		)		Amount of Contribution (\$)	\$25,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/102	
2	FILER NAME Moody, Jose	ph E. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062850	
4	Date 06/18/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$5,000.00	
Ω	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	employer (See Instructions	')		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$25,000.00	
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Trepac/Texas Association of Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$) \$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Watts, Mikal Contributor address; City; State; Zip Code  Dorado Puerto Rico 00646 Puerto Rico			Amount of Contribution (\$) \$5,000.00	
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Watts Law Firm LLP	i)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/102	
2	FILER NAME	eph E. (The Honorable)	3	Filer ID (Ethics Commission 00062850	on Filers)	
4					Amount of Contribution (\$)	\$250.00
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/26/2025 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Wolfe, Jan H Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

### 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: 9/102 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 06/26/2025 **2FS Second Floor Strategies** \$380.00 Invitation email distribution 7 Contributor address; City; State; Zip Code for fundraiser 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 -

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: 1/92 Rpt: 10/102	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/15/2025	2nd Street Garage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	400 Congress Ave
		Austin, TX 78702
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.
		Check if Austin, TX, officeholder living expense Parking for legislative event
		Taking for legislative event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Development
	01/03/2025	Payee name
L		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
		Storage and remai
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2025	AAA Self Storage
L	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
	Ψ-10.00	5-100 Halid
		El Paso, TX 79912
L	PURPOSE	I a c
	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
		Storage unit rental
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committ	ee Legal	vards/Memorials Exp Services nstruction Guide			ages/	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)
Ļ		i		nsa action Galat	- expiailis II	1044 10 001	iihie	.cc una ioiiii.	_		(=u :
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filers)
	Sch: 2/92 Rpt: 11/102			E. (The Honor	able)					00062850	
4	Date	1 '	yee name								
	03/03/2025	AA	A Self Storag	e							
6	Amount (\$)	<b>7</b> Pa	yee address;	City;	State;	Zip Cod	de				
	\$45.00	54	00 Hurd								
		EI	Paso, TX 799	12							
8	PURPOSE	(a) Ca	tegory (See Cate	gories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			/Rental Exper				_			nplete Schedule T.
								_		officeholder living	g expense
								Storage unit r	en	lai	
9	Complete ONLY if direct expenditure to benefit C/OH		didate/Officeho	der name	0	office soug	ght			Office h	eld
	experientare to benefit 6/01										
	Date	Pa	yee name						_		
	04/02/2025	AA	A Self Storag	е							
	Amount (\$)	Pa	yee address;	City;	State;	Zip Cod	de				
	\$45.00	54	00 Hurd								
		EI	Paso, TX 799	12							
	PURPOSE	(a) Ca	tegory (See Cate	gories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			/Rental Exper				<b>=</b>			plete Schedule T.
										officeholder living	g expense
								Storage unit r	en	lai	
<u> </u>	Computate ONU V if alice	<u> </u>	dialata/Offi	dan mans -		.u:	la +			0461	ماما
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeho	aer name	0	office soug	gnt			Office h	ela
L		ı									
	Date		yee name								
	05/02/2025	L AA	A Self Storag	e							
	Amount (\$)	Pa	yee address;	City;	State;	Zip Coo	de				
	\$45.00	54	00 Hurd								
		EI	Paso, TX 799	12							
	PURPOSE	<b>(a)</b> Ca	tegory (See Cate	gories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Off	fice Overhead	/Rental Exper	ıse			_			nplete Schedule T.
								_		officeholder living	g expense
								Storage unit r	en	ıal	
	Complete ONLY if divert	Car	didate/Officeho	dornama		office cours	ah+			Office he	old
	Complete ONLY if direct expenditure to benefit C/OI		uiuale/OIIICeN0	uei name	Ü	office soug	yııl			Office no	<del>c</del> iu

#### 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: 3/92 Rpt: 12/102	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/03/2025	AAA Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	5400 Hurd
		El Paso, TX 79912
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
		Storage unit rental
		Citrago unitrontal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
	01/01/2025	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.87	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
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para a series
	Date 02/01/2025	Payee name AT&T Mobility
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.50	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
		i cieptione expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Se

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead 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: 4/92 Rpt: 13/102	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	03/24/2025	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$165.71	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 travel outside of Texas. Complete Schedule T.  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/O	<del>-</del>
	Date	Payee name
	04/23/2025	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.11	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
		relephone expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/06/2025	AT&T Mobility
	Amount (\$)	Payee address; City; State; Zip Code
	\$338.33	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.
	LAI LIADITORE	Check if Austin, TX, officeholder living expense  Telephone expense
		releptione experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	Tatalana O. I. I. T.	<u>_</u>
1	Total pages Schedule F1: Sch: 5/92 Rpt: 14/102	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850
4	Date	5 Payee name
•	06/30/2025	ActBlue Technical Services
6	Amount (\$) \$957.49	7 Payee address; City; State; Zip Code 366 Summer Street  Summerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2025	Airbnb, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,415.59	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 travel outside of Texas. Complete Schedule T.   X Check if Austin, TX, officeholder living expense
		Lodging in Austin for Session
		Loaging in Australia Gession
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	Airbnb, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.74	888 Brannan St
	•	
		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 outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Lodging in Austin for session
	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

#### 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: 6/92 Rpt: 15/102	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/13/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.82	410 Terry Ave North
		Seattle, WA 98109
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
		Coffee for Capitol Office
		Conce for expiter entire
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	04/06/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.54	410 Terry Ave North
		Seattle, WA 98109
	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 Capitol Office
		Conce for Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	<b>D</b> .	
	Date	Payee name
	05/10/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.61	410 Terry Ave North
		Seattle, WA 98109
	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
		Coffee for Capitol Office
_	Operation Of the Control of the Cont	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 C 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/Politica Credit Card Payment		
1	Total pages Schedule F1:		
1	Sch: 7/92 Rpt: 16/102	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850	
4	Date	5 Payee name	
•	01/24/2025	,	
L	01/24/2020	Angry Owl Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$55.00	4799 N Mesa	
		El Paso, TX 79912	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		District staff lunch	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/11/2025	Art Fierro Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	300 N Campbell	
	,		
		El Dago, TV 70001	
		El Paso, TX 79901	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expense.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Political Contribution	
		Folitical Contribution	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	
L			
	Date	Payee name	
	06/20/2025	Aurellia's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	1620 N Resler	
		El Paso, TX 79911	
	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	
		Dinner meeting - campaign issues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

### 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/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
	Credit Card Fayment	The Instruction Guide explains how to complete this form.	
1 7	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/92 Rpt: 17/102	Moody, Joseph E. (The Honorable)	00062850
4 [	Date	5 Payee name	
(	01/04/2025	B-17 Bomber Oyster Pub	
6 /	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$89.00	201 S El Paso	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.
		District staff	tin, TX, officeholder living expense
		District start	
9 (	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
<b>—</b>	Date	Payee name	
	01/12/2025	B-17 Bomber Oyster Pub	
		•	
<i>'</i>	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	201 S El Paso	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/beverage Expense	el outside of Texas. Complete Schedule T.
		☐ Check if Aus District staff	tin, TX, officeholder living expense
		District star	IdilCii
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		Office field
<b>—</b>			
	Date 01/31/2025	Payee name P. 17 Pombor Ovetor Pub	
		B-17 Bomber Oyster Pub	
<i>                                     </i>	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.00	201 S El Paso	
		El Paso, TX 79901	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	el outside of Texas. Complete Schedule T.
		l — l —	tin, TX, officeholder living expense ing - Legislative issues
		Luitiniee	ang Logisianve issues
(	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Eo	ns provided by Tayas F	thice Commission www.athice state ty us	Version V/4.1 0 f10d0fd8

#### 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/92 Rpt: 18/102	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/04/2025	Barrio Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$94.90	3400 E Sky Harbor Blvd
l		
		Phoenix, AZ 85034
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
		Weat Write dayoning to Livi aso
Ļ	Complete ONLY if direct	Candidata/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
l	Date	Payee name
L	01/11/2025	Belly Up Tap House
	Amount (\$)	Payee address; City; State; Zip Code
l	\$99.04	207 S Llano
		Fredericksburg, TX 78624
	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
		Weat Write daveling to Adodin
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	<b>v</b>
⊨		
	Date	Payee name
	01/24/2025	Best Buy
l	Amount (\$)	Payee address; City; State; Zip Code
	\$427.80	4970 US 290
l		
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorale to belief 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: 10/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/28/2025	Best Buy
6	Amount (\$) \$696.91	7 Payee address; City; State; Zip Code 4970 US 290
		Austin, TX 78735
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  Supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	Best Buy
	Amount (\$) \$84.41	Payee address; City; State; Zip Code 4970 US 290
		Austin, TX 78735
	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  Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	Best Western Plus
	Amount (\$) \$121.43	Payee address; City; State; Zip Code 2115 W I-10
		Ft. Stockton, TX 79735
	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 while traveling to 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 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.	ibove)
1	Total pages Schedule F1:		sion Filers)
	Sch: 11/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	01/10/2025	Best Western Plus	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$131.55	2115 W I-10	
		Ft. Stockton, TX 79735	
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	
		Lodging while traveling to Austin	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	01/21/2025	Best Western Plus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$126.49	2115 W I-10	
		Ft. Stockton, TX 79735	
	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 while traveling to El Paso	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data	T -	
	Date	Payee name	
	01/21/2025	Best Western Plus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$149.49	2115 W I-10	
		Ft. Stockton, TX 79735	
	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 while traveling to El Paso	
		Loughly While traveling to E11 aso	
	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 Cor

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: 12/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/13/2025	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 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 in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>-</del>
	Date	Payee name
	02/07/2025	Capitol Extension Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$221.91	1400 Congress Ave
		Austin, TX 78701
	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
		Gifts for constituents
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Data	David and the second se
	Date 03/06/2025	Payee name
		Castaneda, Cayden
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	21698 Mile 4 W
		Edcouch, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
I		Staff stipend
$\vdash$	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 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	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: 13/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/23/2025	Castaneda, Cayden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	21698 Mile 4 W
		Edcouch, TX 78538
8	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 stipend
		Stan superiu
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
	02/15/2025	Charcoaler Drive-In
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$304.00	5837 N Mesa
	40000	
		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  District staff appreciation event
		Biothet stail approduction over the
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/12/2025	Chick-fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.48	503 W Martin Luther King
		Austin, TX 78701
Г	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.
		Check if Austin, TX, officeholder living expense
		Capitol staff meal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### 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: 14/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	03/06/2025	Chili's Grill & Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.88	8008 Cedar Springs Rd
		Dallas, TX 75235
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
		Wear write traveling to Er r abo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/14/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$529.00	235 Point Lick Dr
		Charleston, WV 25306
	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 Panoramic photo
		T diferante priote
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
	Date	Payee name
	06/27/2025	Cole, Sheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	PO Box 12910
		Austin, TX 78711
	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 Portion of Committee Chair gift
		1 order of committee chair gift
H	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 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	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	<u> </u>
	01/21/2025	Constant Contact, Inc.	
6	Amount (\$)	7 Payee address; City; 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 EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			E-Marketing Service
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
┡	·		
	Date	Payee name	
	02/19/2025	Constant Contact, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.69	1601 Trapelo Rd #329	
l			
L		Waltham, MA 02451	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	) Description
l	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			E-Marketing service
			3
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	03/19/2025	Constant Contact, Inc.	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.69	1601 Trapelo Rd #329	
		·	
l		Waltham, MA 02451	
⊢	PURPOSE		) Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	J. T. T. S. P. T. T.	Check if Austin, TX, officeholder living expense
			E-Marketing service
L	0 1. 2		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

#### 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 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: 16/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/21/2025	Constant Contact, Inc.
6	Amount (\$)	7 Payee address; City; 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 EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  E-Marketing service
		L-ividireting Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	05/19/2025	Constant Contact, Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$59.69	1601 Trapelo Rd #329
	400.00	1001 Hapolo Na Wollo
		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.
		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/O	
┝	Date	Payee name
	06/20/2025	Constant Contact, Inc.
L	Amount (\$)	
	\$66.10	Payee address; City; State; Zip Code 1601 Trapelo Rd #329
	\$00.10	1001 Trapeio Ru #329
		Malakara MA 004F4
		Waltham, MA 02451
	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
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г		
ı		

#### 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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commis	ssion Filers)
Sch: 17/92 Rpt:	Moody, Joseph E. (The Honorable)		00062850	
4 Date	5 Payee name			
01/08/2025	Crawdaddy's Bar & Grill			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$40.00	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		outside of Texas. Complete Schedule T.	
		District staff	n, TX, officeholder living expense	
		District starr	iditori	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		9		
Date	Payee name			
02/11/2025	Criminal Justice Reform Caucus			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$300.00	PO Box 920827	ide.		
Ψ000.00	1 0 200 320027			
	El Paso, TX 79902			
PURPOSE	(a) a	(b) Description		
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	1 663	ш	n, TX, officeholder living expense	
		Membership	dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
experioliture to benefit 6/0				
Date	Payee name			
06/30/2025	Dallas Morning News			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$21.61	1954 Commerce Street			
	Dallas, TX 75201			
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.	
		Check if Austing Subscription	n, TX, officeholder living expense	
		Jubscription		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		9	Onice ficia	

#### 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 Instruc	tion Guide explains how to c	omple	elete this form.	
1	Total pages Schedule F1:	FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Sch: 18/92 Rpt:	Moody, Joseph E. (Th	ne Honorable)		00062850	
4	Date	Payee name			<u>'</u>	
	01/15/2025	Downtown Citgo				
6	Amount (\$)	Payee address; City	; State; Zip C	ode		
	\$44.34	717 E 7th Street				
		Austin, TX 78701				
8	PURPOSE	Category (See Categories I	isted at the top of this schedule)	(b)	) Description	
	OF	Travel Out of District	sted at the top of this schedule,	`´	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin, TX, officeholder living expense	
					Fuel while in Austin	
_				Ļ		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder na	ame Office so	ught	t Office held	
	Date	Payee name				
	06/27/2025	Earl Campbell's Taco	S			
	Amount (\$)	Payee address; City	r; State; Zip C	ode		
	\$26.10	3600 Presidential Blv	d			
		Austin, TX 78719				
	PURPOSE	Category (See Categories I	isted at the top of this schedule)	(b)	) Description	
	OF EXPENDITURE	Food/Beverage Expe	nse		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 Lift aso	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder na	ame Office so	ıaht	t Office held	
	expenditure to benefit C/O			g		
_	Date	Payee name				
	06/01/2025	El Paso Airport				
		Payee address; City	r; State; Zip C	odo		
	Amount (\$) \$35.00	6701 Convair Rd	, State, Zip C	oue		
	φ33.00	0701 Convan Ru				
		El Daga TV 70025				
		El Paso, TX 79925				
	PURPOSE OF	Category (See Categories I	isted at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District			Check if Austin, TX, officeholder living expense	
					Parking vehicle during session	
					- -	
	Complete ONLY if direct	Candidate/Officeholder na	ame Office so	ught	t Office held	
	expenditure to benefit C/O			-		
l						

#### 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: 19/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable) 3 Filer ID (Ethics 00062850	Commission Filers)
4	Date 03/03/2025	5 Payee name El Paso Country Club	
6	Amount (\$) \$98.00		
8	PURPOSE OF EXPENDITURE	El Paso, TX 79922  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schelling Check if Austin, TX, officeholder living expense Gigi's Playhouse Gala	edule T.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held  OH	
	Date 06/24/2025	Payee name El Paso County Garage	
	Amount (\$) \$6.95		
	PURPOSE OF EXPENDITURE	El Paso, TX 79901  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Description Check if travel outside of Texas. Complete Schedule in Check if Austin, TX, officeholder living expense Parking for County Commissioners	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH	
	Date 01/09/2025	Payee name El Paso Parking	
	Amount (\$) \$6.95	Payee address; City; State; Zip Code 320 S Campbell Ste 140	
		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 Schelling Check if Austin, TX, officeholder living expense Parking for investiture	edule T.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

#### 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

Expense Travel in Distri Expense Travel Out of E s/Wages/Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	I Committee L	egal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 20/92 Rpt:	Moody, Jose	ph E. (The Honora	ble)				00062850	
4	Date	5 Payee name							
	02/25/2025	Element Aus	tin Downtown						
6	Amount (\$) \$5,917.10	7 Payee address 109 E 7th St Austin, TX 78		State; Zip C	ode				
8	PURPOSE OF		Categories listed at the top	of this schedule)	(b)	Description Check if travel (	outsi	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Travel Out of	DISTRICT				, TX,	officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/26/2025	Element Aus	tin Downtown						
	Amount (\$)	Payee address	; City;	State; Zip C	ode				
	\$5,917.13	109 E 7th St							
		Austin, TX 78			T				
	PURPOSE OF		Categories listed at the top	of this schedule)	(b)	Description	outci	de of Texas. Com	nlata Schadula T
	EXPENDITURE	Travel Out of	District			<b>=</b>		officeholder living	
						Staff lodging			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office so	ught			Office he	eld
	Date	Payee name							
	03/12/2025	Element Aus	tin Downtown						
	Amount (\$)	Payee address	; City;	State; Zip C	ode				
	\$5,917.13	109 E 7th St							
		Austin, TX 78	3701 						
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of	District					de of Texas. Com	•
						Lodging durin		officeholder living	expense
						Loaging durii	.y 3	,555,011	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Office	eholder name	Office so	ught			Office he	eld

#### 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 Salaries/Wages/Contract Labor

se Travel in District
use Travel Out of District
or OTHER (enter a c

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Moody, Joseph E. (The Honorable) 00062850 Sch: 21/92 Rpt: 4 Date Payee name 03/12/2025 **Element Austin Downtown** 6 Amount (\$) Payee address; City; State; Zip Code \$5,917.13 109 E 7th St Austin, TX 78701 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. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff lodging during session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/27/2025 **Element Austin Downtown** Amount (\$) Payee address; City; State; Zip Code \$5,917.13 109 E 7th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Lodging during session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/27/2025 **Element Austin Downtown** Amount (\$) Payee address: City: State; Zip Code \$5,917.13 109 E 7th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff lodging during session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### 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: 22/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
L	04/17/2025	Element Austin Downtown	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,917.13	109 E 7th Street	
		Austin, TX 78701	
8	PURPOSE	1	_
ľ	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	X Check if Austin, TX, officeholder living expense	
		Lodging during session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
F	Date	Payee name	=
	04/17/2025	Element Austin Downtown	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5,917.13	109 E 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	
		Staff lodging during session	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	·		_
	Date	Payee name	
L	05/10/2025	Element Austin Downtown	
	Amount (\$) \$5,917.13	Payee address; City; State; Zip Code 109 E 7th Street	
	Φ0,517.10		
		Austin, TX 78701	
$\vdash$	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.	
		X Check if Austin, TX, officeholder living expense Lodging during session	
		Loughly during 3033ion	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	<del>1</del>	

#### 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: 23/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/10/2025	Element Austin Downtown
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,917.13	109 E 7th Street
		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  Staff lodging during session
		Stan loughly during session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/10/2025	Express Fuel
┝		·
	Amount (\$) \$17.63	Payee address; City; State; Zip Code  1590 Clint Cutoff Rd
	Φ17.03	1390 Cilili Culoli Ru
		Cliet TV 7002C
L		Clint, TX 79836
	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.
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/27/2025	Gamez, Erin
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	777 # Harrison St
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Portion of Committee Chair gift
dash	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
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l		

#### 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 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: 24/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/03/2025	Garufa Argentinian Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	5411 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
	expenditure to benefit C/O	1
	Date	Payee name
	02/11/2025	GiGi's Playhouse - El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	960 Chelsea
		El Paso, TX 79925
	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
		I Have a Voice Gala
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/03/2025	GiGi's Playhouse - El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	960 Chelsea
		El Paso, TX 79925
	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
		World down syndrome day
	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: Sch: 25/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850
4	Date 03/25/2025	5 Payee name GiGi's Playhouse - El Paso
6	Amount (\$) \$355.00	7 Payee address; City; State; Zip Code 960 Chelsea El Paso, TX 79925
8	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  Fit Acceptance Challenge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/09/2025	Payee name GiGi's Playhouse - El Paso
	Amount (\$) \$201.15	Payee address; City; State; Zip Code 960 Chelsea
	PURPOSE OF EXPENDITURE	El Paso, TX 79925  (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  Fit Acceptance Challenge
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/11/2025	Payee name H E B Store
	Amount (\$) \$158.51	Payee address; City; State; Zip Code 1801 East 51st Street
		Austin, TX 78723
	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 Food and drinks for Capitol Office
	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 Commit

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: 26/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/12/2025	H E B Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.03	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.
		Check if Austin, TX, officeholder living expense Food and drinks for Capitol Office
		1 ood and drinks for capitor crinice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/14/2025	H E B Store
H	Amount (\$)	Payee address; City; State; Zip Code
	\$44.90	1801 East 51st Street
		Austin, TX 78723
	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  Snacks for Capitol Office
		Shacks for Capitor Office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/03/2025	H E B Store
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$32.61	1801 East 51st Street
	402.01	1001 2001 0101 011001
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Drinks & snacks for Capitol Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/04/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.46	PO Box 2220
_		Manchaca, TX 78652
8	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	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.73	PO Box 2220
		Manchaca, TX 78652
	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
		Water for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	
	Date	Payee name
	04/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.73	PO Box 2220
		Manchaca, TX 78652
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Reverage Expense  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
		Water for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	CAPERICITE TO DETICITE C/OI	1

### 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/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: 28/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/02/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.73	PO Box 2220
		Manchaca, TX 78652
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
		Water for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H
	Date	Payee name
	06/03/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.73	PO Box 2220
		Manchaca, TX 78652
	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
		Water for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	03/09/2025	Home Slice Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.00	1415 South Congress
		Austin, TX 78704
	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  Lunch meeting - Legislative issues
		Eurion 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

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 comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	•
	01/16/2025	Hyatt Centric	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$447.38	721 Congress Ave	
		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.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Staff lodging
_	Commists ONII V if diseast	Condidate /Office helder news	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	04/30/2025	JW Marriott	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.85	110 2nd Street	
		Austin, TX 78701	
	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
			Dinner meeting with legislators
			3 3
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/19/2025	Jerry's Artarama	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,265.96	6010 N IH 35	
	·		
		Austin, TX 78752	
$\vdash$	PURPOSE		Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
			Framing for Capitol Office art
	Complete <u>ONLY</u> 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 B Candidate/Officeholder/Politic Credit Card Payment		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)
1 Tatal marine Cabadula F1.	·		2 Files ID (Ethica Commission Filese)
1 Total pages Schedule F1: Sch: 30/92 Rpt:	Moody, Joseph E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062850
4 Date	5 Payee name		
05/28/2025	Joe's Bakery & Coffee Shop		
6 Amount (\$) \$146.31	7 Payee address; City; State 2305 East 7th Street  Austin, TX 78711	e; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Food/Beverage Expense	Check if travel of Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Chief Clerk's Office
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
06/27/2025	Johnson, Ann		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$34.06	PO Box 56386  Houston, TX 77256		
PURPOSE	<u> </u>	(h) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Gift/Awards/Memorials Expense	Check if travel of Check if Austin.	outside of Texas. Complete Schedule T. , TX, officeholder living expense mmittee Chair gift
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date 01/11/2025	Payee name Kent Kwik Chevron		
		e; Zip Code	
Amount (\$) \$27.81	Payee address; City; State 1501 N Hwy 285	e, zip Code	
	Ft. Stockton, TX 79735		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Travel Out of District	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Il to Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/O		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 Commi

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/29/2025	Lara, Linaizel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	918 Rockledge Dr
		Garland, TX 75043
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.
		Check if Austin, TX, officeholder living expense Staff stipend
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-i
	Date	Payee name
	03/06/2025	Lara, Linaizel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	918 Rockledge Dr
		Garland, TX 75043
	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.
		Check if Austin, TX, officeholder living expense  Staff stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>
	Date	Payee name
	04/23/2025	Lara, Linaizel
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	918 Rockledge Dr
		Garland, TX 75043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>

### 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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 32/92 Rpt:	Moody, Joseph E. (The Honorable)		00062850
4	Date	5 Payee name		<u>'</u>
	02/11/2025	Legislative Study Group		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$1,000.00	PO Box 12943		
		Austin, TX 78711		
8	PURPOSE	(a) a	(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. 666		Check if Austin, TX, officeholder living expense
				Membership dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experiorarie to berieff C/O	1		
	Date	Payee name		
	01/30/2025	Little Shack		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$26.00	2701 N Mesa		
		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.
	LXI ENDITORE			Check if Austin, TX, officeholder living expense
				District staff meeting
	Commission ONII V if disposit	Candidate/Officeholder name Office so		Office held
	Complete ONLY if direct expenditure to benefit C/OI		ugni	Office field
	Date	Payee name		
	01/17/2025	Little Store		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$40.27	504 14th Street		
		Ozona, TX 76943		
	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 travel to El Paso
				. 33. 36 (100) 10 211 (100)
	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/OI		agnit	Cinico ficiu

### 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 comp	plete this form.
1	Total pages Schedule F1: Sch: 33/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 01/16/2025	5 Payee name Loudmouth	·
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1209 Rosewood Ave Austin, TX 78709	
8	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Capitol staff dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 01/17/2025	Payee name Love's	
	Amount (\$) \$41.06	Payee address; City; State; Zip Code 810 E Broadway Van Horn, TX 79855	
	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 Fuel for travel to El Paso
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 01/17/2025	Payee name Lum's BBQ	
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 2031 N Main Street	
		Junction, TX 76849	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal while traveling to El Paso
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t 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		Gift/Aw ee Legal S	everage Expense vards/Memorials Ex Services nstruction Guid	•		pense ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		bove)
1	Total pages Schedule F1:	2 FILI	ER NAME				_		3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 34/92 Rpt:	l	ody, Joseph E	E. (The Hono	rable)					00062850		
4	Date	5 Pav	/ee name						Ш			
	02/11/2025	',	xican America	ın Legislative	• Caucus							
6	Amount (\$)		/ee address;	City;		Zip Cod	<u>—</u>		_			
	\$750.00	1 1	2 W 13th Stree		Jiaio,	_,, 000						
	Ţ. 33.00											
		Aus	stin, TX 78701	-								
8	PURPOSE	(a) Cat	tegory (See Cate	gories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Fee									plete Schedule T.	
								Membership		officeholder living	j expense	
								cmbcromp	Juc			
9	Complete ONLY if direct	L Cand	didate/Officeholo	der name		Office soug				Office he	<u></u>	
	expenditure to benefit C/Oh						···					
	Date	1 1	/ee name									
	03/07/2025	Мо	ody, Joseph									
	Amount (\$)	Pay	/ee address;	City;	State;	Zip Coo	de					
	\$2,786.54	734	44 Golden Saç	ge Drive								
		ELF	Paso, TX 7991	l1								
	PURPOSE	(a) Cat	tegory (See Cate	gories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		evel Out of Dis				ļ	<b>=</b>			plete Schedule T.	
								ш		officeholder living session naid	g expense I for from perso	onal funds
								to Airbnb	'A c	Jossien paid	i ioi iioiii peioi	onar ianas
	Complete ONLY if direct	L Cand	didate/Officeholo	der name		Office soug	 tht		—	Office he	эld 	
	expenditure to benefit C/OF											
	Date	Pav	/ee name				=		=			
	05/18/2025	1 1	rphy Express									
	Amount (\$)		/ee address;	City;	State.	Zip Cod						
	\$31.85	1 1	00 Paseo del 1	-	Siaie,	2.p C00	ac					
	Ψ01.00	'``		.51.65								
		ELF	Paso, TX 7993	32								
	PURPOSE	<b>(a)</b> Cat	tegory (See Cate	gories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		evel In District					ш			plete Schedule T.	
								Check if Austin,		officeholder living District husin		
								i uci lo lenu l	L	ristrict busili		
	Complete ONLY if direct	Cand	didate/Officeholo	ler name		Office soug	thr			Office he	ild.	
	expenditure to benefit C/Oh				C		<b>.</b>			2,,,,,,	=:=	

### 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 Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 35/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/24/2025	Oddwood Ales
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.00	3108 Manor Rd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Capitol staff dinner
_	Complete ONLY if direct	Constitute / Office helder mores Office accords
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	Old Stove Brewing Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	1901 Western Ave Ste A
		Seattle, WA 98101
	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 at Innocence Network event
		Wedi at illiocolog Network event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/11/2025	Old Thousand
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	1000 E 11th Street
	Ψ100.00	1000 E IIII Succi
		Austin TV 79702
		Austin, TX 78702
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dinner with constituents
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
_		

#### 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 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: 36/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/01/2025	PCD Brandt Ltd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,920.00	7355 Remcon Circle Ste 200
		El Paso, TX 79912
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
		District Office rent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	01/20/2025	PGA Tour Grill
H	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/Ol	1
Г	Date	Payee name
	01/27/2025	PGA Tour Grill
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	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.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense  Meal while traveling to Austin
		iviedi willie travellilig to Austrii
$\vdash$	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 Committe

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: 37/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/03/2025	PGA Tour Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.00	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
		Wied Wille travelling to Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Davies same
		Payee name PGA Tour Grill
	02/17/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.00	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/03/2025	PGA Tour Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	6713 Convair Rd
L		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
		ivieal writte travelling 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: 38/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850	_
4	Date 03/16/2025	5 Payee name PGA Tour Grill	
6	Amount (\$) \$81.00	7 Payee address; City; State; Zip Code 6713 Convair Rd El Paso, TX 79925	
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 Austin	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 03/23/2025	Payee name PGA Tour Grill	
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 6713 Convair Rd El Paso, TX 79925	
	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 Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 03/30/2025	Payee name PGA Tour Grill	_
	Amount (\$) \$138.00	Payee address; City; State; Zip Code 6713 Convair Rd	
		El Paso, TX 79925	
	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 with legislators while traveling to 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
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: 39/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850	
4		5 Payee name	
	04/06/2025	PGA Tour Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$157.00	6713 Convair Rd	
		FI Dogg TV 7002F	
Ļ	DUDDOOF	El Paso, TX 79925	_
8	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 Austin	
Ļ	Onwellate ONII V if direct	On didn't Off a halden game.	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
H	Date	Davisa nama	=
	04/13/2025	Payee name PGA Tour Grill	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.00	6713 Convair Rd	
		El Paso, TX 79925	
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.  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/OI	1	
	Date	Payee name	
	04/21/2025	PGA Tour Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.00	6713 Convair Rd	
		El Paso, TX 79925	
	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 Austin	
_	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 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: 40/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	
	04/27/2025	PGA Tour Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$87.00	6713 Convair Rd	
		El Paso, TX 79925	
8	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 Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
H	Date	Payee name	-
	05/04/2025	PGA Tour Grill	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$63.00	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to benefit 6/01	'	
	Date	Payee name	
	05/11/2025	PGA Tour Grill	
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 6713 Convair Rd	
	Ψ30.00	or 10 Gorivan I.a	
		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	
		with a favoring to Adoth	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
L	expenditure to benefit C/OI	<del>1</del>	

### 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
Leal Services

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

Credit Card Payment	The Instruction Guide explains how to co	-	• • • • • • • • • • • • • • • • • • • •
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	-	3 Filer ID (Ethics Commission Filers)
Sch: 41/92 Rpt:	Moody, Joseph E. (The Honorable)		00062850
4 Date	5 Payee name		<u>'</u>
05/18/2025	PGA Tour Grill		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$93.00	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		ĺ	Check if Austin, TX, officeholder living expense
		"	Meal while traveling to Austin
O Complete ONII V if direct	Candidate/Officeholder sees		Office heald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ignt	Office held
Date	Payee name		
06/26/2025	PGA Tour Grill		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$15.00	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	<u> </u>	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 sou	<u>I</u> ıght	Office held
expenditure to benefit C/O			
Date	Payee name		
02/23/2025	PGA Tour Grill		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$63.96	6713 Convair Rd	, , ,	
,			
	El Paso, TX 79925		
PURPOSE		(h) [	Description
OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(5)   	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 Jour Develage Expense	ן בֿ	Check if Austin, TX, officeholder living expense
		N	Meal while traveling to Austin
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
expenditure to benefit C/O	п 		

### 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	TER (effici a category flot listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 File	er ID (Ethics Commission Filers)
	Sch: 42/92 Rpt:		062850
4	Date	5 Payee name	
	03/21/2025	Parkside East Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.50	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 Check if Austin, TX, office	Texas. Complete Schedule T.
		Meal while traveling	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH	
F	Date	Payee name	
	03/08/2025	Pit Stop BBQ	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$115.51	802 N Crockett Ave	
		Sonora, TX 76950	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		Texas. Complete Schedule T.
		Check if Austin, TX, office  Meal while traveling	
			to / toothi
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	
Г	Date	Payee name	
	01/15/2025	Polvo's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	360 Nueces	
		Austin, TX 78702	
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Tood/Deverage Expense	Texas. Complete Schedule T.
		Check if Austin, TX, office Opening day dinner	
$\vdash$	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

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:	1
1 Total pages Schedule F1: Sch: 43/92 Rpt:	Moody, Joseph E. (The Honorable)  00062850
4 Date	5 Payee name
03/12/2025	Pueblo Viejo Food Truck
6 Amount (\$) \$78.00	7 Payee address; City; State; Zip Code 3901 Promontory Point Dr  Austin, TX 78744
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  Capitol staff dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Rib Hut
Amount (\$)	Payee address; City; State; Zip Code
\$140.00	6450 N Desert Blvd Ste E101
	El Paso, TX 79912
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  District staff dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/09/2025	Royal Blue Grocery Whitley
Amount (\$) \$87.00	Payee address; City; State; Zip Code 301 Brazos Street
\$51.00	Austin, TX 78701
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 Drinks & snacks for Capitol Office
Complete ONLY if direct expenditure to benefit C/OF	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

	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: 44/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/01/2025	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	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chief of Staff
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	02/03/2025	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,000.00	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chief of Staff
		onioi oi ciaii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	04/07/2025	Sahualla, Ellic
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	6608 La Cadena Dr
	, -,	
		El Paso, TX 79912
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chief of Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	<u> </u>

### 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 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: 45/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/22/2025	Sahualla, Ellic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6608 La Cadena Dr
		El Paso, TX 79912
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Chief of Staff
		Critici of Staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	02/21/2025	Saldana, Alejandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	5017 Timerwold Dr
		El Paso, TX 79903
	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
		Photography
		Ποιοθιαβιίν
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/23/2025	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

#### SCHEDULE F1

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

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: 46/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/30/2025	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.00	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
		Wed write traveling to Life and
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/13/2025	Saxon Pub
H	Amount (\$)	Payee address; City; State; Zip Code
	\$114.00	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
		mod wine davoing to 2.17 dos
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/20/2025	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.00	3600 Presidential Blvd
		Austin, TX 78719
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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>U</b>
$\vdash$		

#### 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/Officeholder/Politica Credit Card Payment	l 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: 47/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/27/2025	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.00	3600 Presidential Blvd
		Austin, TX 78719
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
		Weat Write traveling to Err add
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2025	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.00	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
		Wear write traveling to Err aso
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨		
l	Date	Payee name
	04/03/2025	Saxon Pub
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$80.00	3600 Presidential Blvd
l		
		Austin, TX 78719
	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	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
L	Complete ONII V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

### 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: 48/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/11/2025	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.00	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
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meal while traveling to El Paso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Т	Date	Payee name
	04/17/2025	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	3600 Presidential Blvd
		Austin, TX 78719
	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
		Meal while traveling to El Paso
	Operation ONLY if allowed	Open finds to COFF as helder a server
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	04/25/2025	Saxon Pub
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.00	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
	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 Comm

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	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: 49/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/16/2025	Saxon Pub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.00	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
		Wied Wille travelling to Err aso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/03/2025	Saxon Pub
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.76	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
		Weat Wille traveling to Err aso
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Power name
	01/07/2025	Payee name Southwest Airlines
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$446.97	PO Box 36649
		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
		, unaic
$\vdash$	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 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: 50/92 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Moody, Joseph E. (The Honorable)00062850
4	Date 01/27/2025	5 Payee name Southwest Airlines
6	Amount (\$) \$5.60	7 Payee address; City; State; Zip Code PO Box 36649  Dallas, TX 75235
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  Security fee for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/30/2025	Payee name Southwest Airlines
	Amount (\$) \$11.20	Payee address; City; State; Zip Code PO Box 36649
	PURPOSE OF EXPENDITURE	Dallas, TX 75235  (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 Security fee for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/13/2025	Payee name Southwest Airlines
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649
		Dallas, TX 75235
	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  Security fee for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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: 51/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/18/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.60	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  Security fee for staff
		Coounty for for Stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/20/2025	Southwest Airlines
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
	Ψ5.00	1 O Box 30043
		D. II TV 75005
L		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
		Security fee for staff
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	02/28/2025	Southwest Airlines
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.20	PO Box 36649
		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  Security fee for staff
		Security fee for stair
$\vdash$	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 -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 com	plete tl	nis form.
1	Total pages Schedule F1: Sch: 52/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062850
4	Date 03/03/2025	5 Payee name Southwest Airlines		·
6	Amount (\$) \$5.60	7 Payee address; City; State; Zip Code PO Box 36649 Dallas, TX 75235	ė	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense curity fee for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date 03/06/2025	Payee name Southwest Airlines		
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649  Dallas, TX 75235	ė	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Curity fee for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date 03/17/2025	Payee name Southwest Airlines		
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649	Э	
		Dallas, TX 75235		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense curity fee for staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held

### 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: 53/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	·
	03/31/2025	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) Descri	ription
	OF EXPENDITURE	Travel Out of District	eck if travel outside of Texas. Complete Schedule T.
			eck if Austin, TX, officeholder living expense Irity fee for staff
		Secu	inty lee for stair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Davida nama	
	04/04/2025	Payee name Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.20	PO Box 36649	
	Ψ11.20	1 O Box 30043	
		Dollar TV 75225	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out of District	eck if Austin, TX, officeholder living expense
		Secu	rity fee for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	04/06/2025	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.60	PO Box 36649	
		Dallas, TX 75235	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	• (	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		eck if Austin, TX, officeholder living expense
		Secu	rity fee for staff
	Complete ONLY if alias -t	Condidate/Officeholder name	Office held
	Complete ONLY if direct expenditure to benefit C/OH	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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 54/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850
4	Date 04/14/2025	5 Payee name Southwest Airlines
6	Amount (\$) \$11.20	7 Payee address; City; State; Zip Code PO Box 36649
8	PURPOSE OF EXPENDITURE	Dallas, TX 75235  (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 Security fee for staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/16/2025	Payee name Southwest Airlines
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649  Dallas, TX 75235
	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  Security fee for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/21/2025	Payee name Southwest Airlines
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649
		Dallas, TX 75235
	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  Security fee for staff
	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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 55/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 04/28/2025	5 Payee name Southwest Airlines	1
6	Amount (\$) \$11.20	7 Payee address; City; State; Zip Code PO Box 36649  Dallas, TX 75235	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for Staff
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/05/2025	Payee name Southwest Airlines	
	Amount (\$) \$11.20	Payee address; City; State; Zip Code PO Box 36649  Dallas, TX 75235	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security fee for staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/09/2025	Payee name Southwest Airlines	
	Amount (\$) \$11.20	Payee address; City; State; Zip Code PO Box 36649	
		Dallas, TX 75235	
	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 Security fee for staff
	Complete ONLY if direct expenditure to benefit C/O	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

**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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
l	05/12/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the relevant of Taylor Camplete Schedule T
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Security fee for staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
L	05/16/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.60	PO Box 36649
l		
		Dallas, TX 75235
	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
		Security fee for staff
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit 6/6/	
	Date	Payee name
L	05/19/2025	Southwest Airlines
	Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36649
	φ5.00	PO BOX 30049
		Dallas, TX 75235
	PURPOSE	
l	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	Check if Austin, TX, officeholder living expense
		Security fee for staff
dash	Complete CMLV if allows	Condidate/Officeholder name Office sought
	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 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: 57/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/24/2025	Speedway
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.93	7900 Artcraft
		El Paso, TX 79932
8	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  Fuel for travel to tend to District duties
		Tuer for traver to tend to District duties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	01/11/2025	Sunoco
_	Amount (\$)	Payee address; City; State; Zip Code
	\$14.86	201 Del Rio
	Ψ14.00	201 201 110
		Ozona, TX 76943
_	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	Check if Austin, TX, officeholder living expense
		Fuel for travel to Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	02/04/2025	Taco Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.00	301 Congress Ave
		Austin, TX 78701
	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 breakfast
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 58/92 Rpt: Moody, Joseph E. (The Honorable) 00062850 4 Date Payee name 05/25/2025 Taco Deli 6 Amount (\$) Payee address; State; Zip Code \$22.00 301 Congress Ave Austin, TX 78701 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2025 Taco Deli Amount (\$) Payee address; City; State; Zip Code \$82.26 301 Congress Ave Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2025 Taco Deli Amount (\$) Payee address; City: State; Zip Code \$18.19 301 Congress Ave Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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 c	ompl	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 59/92 Rpt:		Moody, Joseph E. (The Honorable)		00062850
4	Date	5	Payee name		-
	05/25/2025		Terry's Burger Stand		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$43.25		404 S Lamar Blvd		
			Austin, TX 78704		
8	PURPOSE	(2		(h)	Description
Ü	OF	۱۳	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 Course verage Expense		Check if Austin, TX, officeholder living expense
					Capitol staff lunch
9	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	Н			
	Date	Π	Payee name		
	01/21/2025		Texas Chili Parlor		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$60.00		1409 Lavaca		
			Austin, TX 78701		
	PURPOSE	(a		(h)	Description
	OF	۱۳	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 Jour Beverage Expense		Check if Austin, TX, officeholder living expense
					Dinner with Legislators
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	П			
	Date		Payee name		
	03/24/2025		Texas Chili Parlor		
	Amount (\$)	T	Payee address; City; State; Zip C	ode	
	\$80.00		1409 Lavaca		
			Austin, TX 78701		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	"	Food/Beverage Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		1 Course verage Expense		Check if Austin, TX, officeholder living expense
					Capitol staff lunch
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/Ol	H			

#### 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

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: 60/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/20/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1409 Lavaca
		Austin, TX 78701
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  Meal with legislators
		Wedi With legislators
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payso nama
	02/07/2025	Payee name Texas Energy & Climate Caucus
L		<del></del>
	Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 301074
	φ200.00	FO BOX 301074
		Aughin TV 70702
L		Austin, TX 78703
	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	Fees Check if travel outside of Texas, Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Membership dues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	04/17/2025	Texas House of Representatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.77	105 W 15th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Flags for constituents
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

### 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				/Wages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILI	ER NAME				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 61/92 Rpt:	Мо	ody, Joseph E. (The Hon	orable)				00062850		
4	Date	5 Pay	ree name							
	04/14/2025	Tex	as Women's Health Cau	cus						
6	Amount (\$)	· ·	ree address; City;	State; Zip C	ode					
	\$500.00	l PO	Box 2910							
		Aus	stin, TX 78768							
8	PURPOSE OF		egory (See Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Fee	es					ide of Texas. Com , officeholder livinç		
						Membership			, - ,	
9	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officeholder name	Office so	ught			Office he	eld	
	Date	Pay	ree name							
	03/06/2025	The	e Beer Drop							
	Amount (\$)	Pay	ree address; City;	State; Zip C	ode					
	\$63.00	360	00 Presidential Blvd							
		Aus	stin, TX 78719							
	PURPOSE	(a) Cat	egory (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Beverage Expense			ш		ide of Texas. Com , officeholder living		
						Meal while tra				
								<b>3</b>		
	Complete ONLY if direct expenditure to benefit C/Ol		lidate/Officeholder name	Office so	ught			Office he	eld	
	Date	Pay	ree name							
	05/02/2025	The	e Beer Drop							
	Amount (\$)	Pay	ree address; City;	State; Zip C	ode					
	\$70.00	360	00 Presidential Blvd							
		Aus	stin, TX 78719							
	PURPOSE	<b>(a)</b> Cat	egory (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Beverage Expense					ide of Texas. Com		
						Meal while tra		, officeholder living		
						Wicai Willio tre		ing to Live		
$\vdash$	Complete ONLY if direct	l Cand	lidate/Officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				<b>J</b>					
$\vdash$										
1										
ᆫ										<b>14.0</b> 101 10

#### 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: 62/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	06/13/2025	The Beer Drop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	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
		Wied Wille travelling to Err aso
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/15/2025	The Flower Shop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$170.00	1300 E 7th Street
	Ψ170.00	1000 E 7th Glicet
		Austin, TX 78702
Н	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
		Dinner with Legislators
L	Operation ONLY if dispose	Outstide to 10 ff and half an array of the second to
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	06/01/2025	The Line Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.99	111 E Cesar Chavez
		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  Meal with legislators
		iviedi witi legislators
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica	nmittee Legal Services	Salaries/Wa	iges/Contract Labor		OTHER (enter a	category not listed above	e)
	Credit Card Payment	The Instruction Guide expl	ains how to com	plete this form.				
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Sch: 63/92 Rpt:	Moody, Joseph E. (The Honorable)	)			00062850		
4	Date	Payee name		•				
	06/16/2025	The Otis Hotel Autograph						
6	Amount (\$)	Payee address; City; S	state; Zip Cod	e				
	\$570.74	1901 San Antonio						
		Austin, TX 78705						
8	PURPOSE			<b>b)</b> Description				
Ü	OF	Category (See Categories listed at the top of th Travel Out of District	is schedule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Travor Gut of Biotriot		Check if Austin,	, TX	officeholder living	expense	
				Lodging in Au	ısti	n		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office soug	ht		Office he	eld	
	experiorare to benefit C/O							
	Date	Payee name						
	06/27/2025	The Otis Hotel Autograph						
	Amount (\$)	Payee address; City; S	state; Zip Cod	e				
	\$388.28	1901 San Antonio						
		Austin, TX 78705						
	PURPOSE	Category (See Categories listed at the top of th	is schedule) (	<b>b)</b> Description				
	OF EXPENDITURE	Travel Out of District		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFLINDITORL			ш		officeholder living	expense	
				Lodging in Au	JSti	n		
	Computate ONII V if diseast	Candidate/Officeholder name	Office seven	ha		Office he	N.A.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Oniceriolder name	Office soug	TIL.		Office fie	eiu	
	5.							
	Date	Payee name The Shock Wings & Brown Cimero	n					
	06/03/2025	The Shack Wings & Brews Cimaro						
	Amount (\$)	•	state; Zip Cod	e				
	\$119.00	7700 Price Stanley Pl						
		El Paso, TX 79912						
	PURPOSE OF	Category (See Categories listed at the top of th	is schedule) (	b) Description				
	EXPENDITURE	Food/Beverage Expense				de of Texas. Com officeholder living		
				District staff o				
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht		Office he	eld	
	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 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: 64/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/12/2025	The Shack Wings & Brews Comarron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.00	7700 Price Stanley
		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  Lunch meeting - Legislative issues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/06/2025	The Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.00	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  Lunch meeting - Legislative issues
		Lunch meeting - Legislative issues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/10/2025	The Tavern
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.00	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol staff dinner
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 65/92 Rpt: Moody, Joseph E. (The Honorable) 00062850 4 Date Payee name 03/27/2025 The Tavern 6 Amount (\$) Payee address; City; State; Zip Code \$104.00 922 W 12th Austin, TX 78703 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 The Tavern Amount (\$) Payee address; City; State; Zip Code \$300.01 922 W 12th Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** 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/OH Date Payee name 05/27/2025 Tiff's Treats Cookies Amount (\$) Payee address: City; State; Zip Code \$48.00 8889 Gateway West Blvd El Paso, TX 79925 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Snacks for Capitol staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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: 66/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850	
4	Date	5 Payee name	_
	02/03/2025	Townsend, Pam	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$4,000.00	PO Box 3007	
		Carlsbad, NM 88221	
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	
		Preparing CFR and accounting	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		_
	Date	Payee name	
	03/03/2025	U.S. Postal Service - Mesa Hills Station	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$196.38	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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		PO Box rental	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	01/04/2025	US Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$32.00	219 E Mills Ave	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Potage for campaign use	
			_
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 67/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	02/09/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.22	1455 Market Street
		San Francisco, CA 94103
8	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Capitol staff meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to believe even	·
	Date	Payee name
	03/16/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.23	1455 Market Street
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	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/Ol	1
	Date	Payee name
	03/18/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.39	1455 Market Street
		San Francisco, CA 94103
	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 dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>

### SCHEDULE F1

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

**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 o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 68/92 Rpt:		Moody, Joseph E. (The Honorable)		00062850
4	Date	5	Payee name		•
	03/26/2025		Uber Eats		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$69.24		1455 Market Street		
			San Francisco, CA 94103		
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  Capitol staff meal
					Capitor Staff Meai
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	t Office held
Ĭ	expenditure to benefit C/O		Sandidate/Officeriolder flame	rugiit	. Office field
_	Date	Т	Davies name		
	04/09/2025		Payee name Uber Eats		
		┝		`odo	
	Amount (\$) \$31.02		Payee address; City; State; Zip C 1455 Market Street	oue	
	φ31.02		1433 Market Street		
			San Francisco, CA 94103		
	DUDDOOF	(-)		10.3	N
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
					Capitol staff meal
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	04/22/2025		Uber Eats		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$46.16		1455 Market Street		
			San Francisco, CA 94103		
	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
					Capitol staff meal
	Complete ONLY if direct	Ц,	Candidate/Officeholder name Office so	lught	t Office held
	expenditure to benefit C/O		Sandidate/Onicendider name Office Sc	rugrit	. Office field

### SCHEDULE F1

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

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

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

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

	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: 69/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	04/28/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.46	1455 Market Street
		San Francisco, CA 94103
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.
		Capitol staff meal
		Capitor stair mear
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
	04/30/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.33	1455 Market Street
		San Francisco, CA 94103
	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.
		Capitol staff meal
		Capitor Stair mear
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Uber Eats
	05/10/2025	535. 535
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.87	1455 Market Street
		San Francisco, CA 94103
	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.
		Capitol staff dinner
		Oupitor stair diffici
_	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 Lenal 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: 70/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	05/11/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.21	1455 Market Street
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Conital stoff mool
		Capitol staff meal
_	Commission ONII V if dispost	Condidate/Officeholder name Office pought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.47	1455 Market Street
		San Francisco, CA 94103
	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 meal
		Capitor stair mear
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davies same
	05/28/2025	Payee name Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.41	1455 Market Street
		0 5
		San Francisco, CA 94103
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>

### SCHEDULE F1

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

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

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.	OTTER (enter a category not instear above)
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)
	Sch: 71/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	05/31/2025	Uber Eats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.38	1455 Market Street	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 oda/Beverage Expense	side of Texas. Complete Schedule T. X, officeholder living expense
		Capitol staff me	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
T	Date	Payee name	
	01/12/2025	Uber	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel out of District	side of Texas. Complete Schedule T. X, officeholder living expense
		1 <del>-</del>	from member meeting
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	01/14/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Thaver out of District	side of Texas. Complete Schedule T. X, officeholder living expense
		Transportation	
	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 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 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: 72/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/16/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.00	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 Capitol
		Transportation to Supitor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	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
		παιεροπατίοπ το Θαριτοί
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/23/2025	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.
		Check if Austin, TX, officeholder living expense
		Transportation to legislative meeting
L	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 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.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 73/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
Date	5 Payee name
01/23/2025	Uber
Amount (\$)	7 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.  Check if Austin, TX, officeholder living expense
	Transportation from legislative meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/03/2025	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	555 Market Street
	San Francisco, CA 94105
PURPOSE	(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 legislative event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/04/2025	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$29.00	555 Market Street
	San Francisco, CA 94105
PURPOSE	(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 legislative event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
	Total pages Schedule F1:     Sch: 73/92 Rpt:  Date     01/23/2025  Amount (\$)  PURPOSE     OF     EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date     02/03/2025  Amount (\$)  \$50.00  PURPOSE     OF     EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On  PURPOSE     OF     EXPENDITURE  Complete ONLY if direct expenditure to benefit C/On Date     02/04/2025  Amount (\$)  \$29.00  PURPOSE     OF     EXPENDITURE

### 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 con	nple	ete this form.
1	Total pages Schedule F1: Sch: 74/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062850
4	Date 02/11/2025	5 Payee name Uber		·
6	Amount (\$) \$19.00	7 Payee address; City; State; Zip Coo 555 Market Street San Francisco, CA 94105	de	
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 from legislative dinner
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 02/11/2025	Payee name Uber		
	Amount (\$) \$23.00	Payee address; City; State; Zip Coo 555 Market Street San Francisco, CA 94105	de	
	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 legislative dinner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
	Date 02/13/2025	Payee name Uber		
	Amount (\$) \$34.00	Payee address; City; State; Zip Coo 555 Market Street	de	
		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 airport
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office soug	jht	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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 75/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4 Date	5 Payee name	
02/18/2025	Uber	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 555 Market Street	
	San Francisco, CA 94105	
B 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 EPCC dinner
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held
Date	Payee name	
02/19/2025	Uber	
Amount (\$) \$37.00	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 for El Paso Days guests
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date 03/10/2025	Payee name Uber	
Amount (\$) \$28.00	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 Capitol
Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sough	t 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

	Credit Card Payment	The Instruction Guide explains how to complete this form	ı.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 76/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4		5 Payee name	
	03/11/2025	Uber	
6	Amount (\$) \$24.00	<ul><li>7 Payee address; City; State; Zip Code</li><li>555 Market Street</li></ul>	
	Ψ24.00	333 Market Street	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Travel Out of District	travel outside of Texas. Complete Schedule T.
	LAFENDITORE	l —	Austin, TX, officeholder living expense tation to the Capitol
		Παιισμοί	tation to the Capitol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/12/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Descriptio	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Have out of bistrict	Austin, TX, officeholder living expense
		Transpor	tation to the Capitol
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
-	Date	Payee name	
	03/13/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.50	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Descriptio	n travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out or bistrict	Austin, TX, officeholder living expense
		Transpor	tation to Capitol
			200
	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 Comm 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/Politica Credit Card Payment	
_	Tatal as a second of Education Education	<u>_</u>
1	Total pages Schedule F1: Sch: 77/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062850
4	Date	5. Davida marra
4	03/17/2025	5 Payee name Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$18.00	555 Market Street
	Φ10.00	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Transportation from Capitol
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.00	555 Market Street
	701100	
		Can Francisco CA 0410F
		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
		Transportation to airport
_	Complete ONLY if direct	Candidate/Officeholder some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/24/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	555 Market Street
		San Francisco, CA 94105
	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
		Transportation from legislative meeting
L		
	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 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 complet	te this form.
1	Total pages Schedule F1: Sch: 78/92 Rpt:	FILER NAME     Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 03/28/2025	5 Payee name Uber	
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 555 Market Street	
8	PURPOSE OF EXPENDITURE	Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation from constituent event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/03/2025	Payee name Uber	
	Amount (\$) \$120.00	Payee address; City; State; Zip Code 555 Market Street  San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation from airport for Innocence Network event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/04/2025	Payee name Uber	
	Amount (\$) \$132.02	Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Travel Out of District	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation to airport from Innocence Network event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Polling Ex se Printing E	xpense xpense	ontract Labor		Travel in Distr		
	Credit Card Payment		The Instruction Guide ex	xplains how to co	mplete	this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 79/92 Rpt:	Moody, Jos	seph E. (The Honorab	ole)				00062850	)	
4	Date	<b>5</b> Payee name	<u> </u>				<u> </u>			_
-	04/09/2025	Uber	•							
_			O'th in	Ot-1 7:- O-						
6	Amount (\$)	7 Payee addre		State; Zip Co	oae					
	\$32.79	555 Marke	t Street							
		San Franci	sco, CA 94105							
8	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b) D	escription				
	OF EXPENDITURE	Travel Out				Check if travel of	outsio	de of Texas. Co	omplete Schedule T.	
	EXPENDITORE					Check if Austin,				
					T	ransportatio	n to	legislativ	e meeting	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office	held	
	Date	Payee name	<del>)</del>							
	04/13/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					_
	\$69.22	555 Marke	•	, ,						
	400.22	ooo mane	. 611 661							
		San Franci	sco, CA 94105							
	PURPOSE	(a) Category (S	See Categories listed at the top of	of this schedule)	(b) D	escription				
	OF EXPENDITURE	Travel Out	of District		▎▕ॗ	₫			omplete Schedule T.	
						Check if Austin, ransportatio				
					'	ιαπορυπατίο	11110	regisiativ	e meeting	
_	2				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ignt			Office	neia	
	Date	Payee name	?							
	04/28/2025	Uber								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$41.84	555 Marke								
	, -									
		Can Franci	CO. CA 0/10E							
		San Fianci	sco, CA 94105		T					
	PURPOSE OF		See Categories listed at the top of	of this schedule)	(b) D	escription		14 <b>T</b>	and the Calculus T	
	EXPENDITURE	Travel Out	of District		l ⊨	Check if travel of Check if Austin,			omplete Schedule T.	
						Teneck ii Adsiiii, Transportatio				
					Ι.			Japite	·-	
_	Complete ONLY if direct	Candidata/Of	ficeholder name	Office sou	l abt			Office	hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ncenoluel Haine	Onice sot	igill			Onice	IICIU	

### 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 80/92 Rpt:	FILER NAME     Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 05/10/2025	5 Payee name Uber	•
6	Amount (\$) \$44.00	7 Payee address; City; State; Zip Code 555 Market Street	
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94105  (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 airport
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/11/2025	Payee name Uber	
	Amount (\$) \$16.73	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 legislative meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/15/2025	Payee name Uber	
	Amount (\$) \$21.00	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 to legislative meeting
	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

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	Total pages Schedule F1: Sch: 81/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 05/15/2025	5 Payee name Uber	,
6	Amount (\$) \$22.00	7 Payee address; City; State; Zip Code 555 Market Street	
8	PURPOSE OF EXPENDITURE	Cher	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense portation from legislative meeting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 05/16/2025	Payee name Uber	
	Amount (\$) \$118.00	Payee address; City; State; Zip Code 555 Market Street  San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Che	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense portation from airport
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/18/2025	Payee name Uber	
	Amount (\$) \$26.48	Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Thaver out of bistrict	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense portation from legislative meeting
	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
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 Gard F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 82/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4	Date	5 Payee name	
	05/24/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	555 Market Street	
		San Francisco, CA 94105	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Travel Out of District	ravel outside of Texas. Complete Schedule T.
	<del></del> ,	l	Austin, TX, officeholder living expense tation to legislative meeting
		Transport	and to regislative meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Simos Hold
_	Date	Payee name	
	05/24/2025	Uber	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.24	555 Market Street	
	Ψ1∪.∠→	555 Market Street	
	!	C Francisco CA 04105	
		San Francisco, CA 94105	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	1 ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Thaver out or bistrict	Austin, TX, officeholder living expense
	!	,	ation from legislative meeting
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	А	
	Date	Payee name	
	05/26/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.00	555 Market Street	
		San Francisco, CA 94105	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	,	Austin, TX, officeholder living expense
		Transport	ation to airport
	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 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: 83/92 Rpt:	Moody, Joseph E. (The Honorable)		00062850	
4	Date	Payee name			
	05/26/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$44.00	555 Market Street			
		San Francisco, CA 94105			
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)  (b) Description	ol outoi	do of Toyon Com	plete Schedule T.
	EXPENDITURE	Travel out of District		officeholder living	
		Transporati	ion to	Capitol	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/Ol				
	Date	Payee name			
	05/30/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.97	555 Market Street			
		San Francisco, CA 94105			
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE			de of Texas. Com officeholder living	plete Schedule T.
		Transportat			
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI				
	Date	Payee name			
	05/30/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$18.31	555 Market Street			
		San Francisco, CA 94105			
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Traver out or District			plete Schedule T.
		Transportat		officeholder living	
		Tansportat		om legisian	ve event
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	- Inde sought		211100 110	<del></del>

### 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 c	mplete this form.	
1 Total pages Schedule F1: Sch: 84/92 Rpt:	FILER NAME     Moody, Joseph E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062850
4 Date 06/01/2025	5 Payee name Uber	1	
6 Amount (\$) \$20.00	<ul><li>7 Payee address; City; State; Zip C</li><li>555 Market Street</li><li>San Francisco, CA 94105</li></ul>	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		de of Texas. Complete Schedule T. officeholder living expense of the Capitol
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ght	Office held
Date 06/02/2025	Payee name Uber		
Amount (\$) \$12.52	Payee address; City; State; Zip C 555 Market Street San Francisco, CA 94105	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense D legislative event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ght	Office held
Date 06/02/2025	Payee name Uber		
Amount (\$) \$12.52	Payee address; City; State; Zip C 555 Market Street	ode	
	San Francisco, CA 94105		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District		de of Texas. Complete Schedule T. officeholder living expense the Capitol
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ght	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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1: Sch: 85/92 Rpt:	2 FILER NAME Moody, Joseph E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062850
4	Date 06/02/2025	5 Payee name Uber	
6	Amount (\$) \$12.52	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	on i travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense rtation to legislative event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 06/03/2025	Payee name Uber	
	Amount (\$) \$37.00	Payee address; City; State; Zip Code 555 Market Street  San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Check if	on i travel outside of Texas. Complete Schedule T. d'Austin, TX, officeholder living expense rtation to airport
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/12/2025	Payee name Uber	
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 555 Market Street	
		San Francisco, CA 94105	
	PURPOSE OF EXPENDITURE	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense rtation 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 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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 86/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850
4 Date	5 Payee name	
06/12/2025	Uber	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$17.52	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 from Capitol
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held
Date	Payee name	
06/13/2025	Uber	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	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 from Capitol
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		000
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
06/13/2025	Uber	
Amount (\$)	Payee address; City; State; Zip Code	
\$47.00	555 Market Street	
	San Francisco, CA 94105	
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
		Transportation to airport
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held
experience to belieff 6/0		

### 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
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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.			
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 87/92 Rpt:	Moody, Joseph E. (The Honorable)			00062850	
4	Date	Payee name	•			
	06/27/2025	Uber				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$50.00	555 Market Street				
		San Francisco, CA 94105				
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Travel Out of District	<u> </u>			plete Schedule T.
			Check if Austin, Transportatio		officeholder living	g expense
			Παποροπαπο	11 10	σαιιροιτ	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	əld
	expenditure to benefit C/O	Candidate/Officerolder name Office 30 agric			Office In	Ciu
_	Date	Davies name				
	02/07/2025	Payee name Velvet Taco				
	Amount (\$)					
	\$47.00	Payee address; City; State; Zip Code E 6th Street & Congress				
	\$47.00	E dill Street & Congress				
		Austin TV 70701				
		Austin, TX 78701				
	PURPOSE OF	, ,	Description	outeir	de of Teyes Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense	<b>—</b>		officeholder living	
			Capitol staff of	dinn	ner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/Ol					
	Date	Payee name				
	01/02/2025	Weso Steakhouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$42.00	601 N Mesa Ste 150				
		El Paso, TX 79901				
	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description			
	OF	Food/Beverage Expense	:	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		_		officeholder living	
			Lunch meetin	ıg -	Legislative	ISSUES
	Operation Children	Open distant (Office health			O# :	-1.4
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought			Office h	eia

### SCHEDULE F1

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

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

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: 88/92 Rpt:	Moody, Joseph E. (The Honorable) 00062850
4	Date	5 Payee name
	01/09/2025	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
		Office cleaning service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/10/2025	West Texas Property Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	4673 Osborne Dr Ste F
		El Paso, TX 79922
	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 cleaning service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/06/2025	West Texas Property Solutions
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.38	4673 Osborne Dr Ste F
		El Paso, TX 79922
	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 cleaning service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

#### 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/Officeholder/Political Committee				ee Legal Services Salaries/Wages/Contract Labor						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	n Filers)	
	Sch: 89/92 Rpt:		Moody, Jose	eph E. (The Ho	norable)					00062850			
4	Date	5	Payee name						_				
	04/06/2025		West Texas	Property Soluti	ons								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zi	p Cod	le						
	\$162.38		4673 Osbor	ne Dr Ste F									
			El Paso, TX	79922									
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne ton of this schedule	, (	(b)	Description					
	OF EXPENDITURE	` '		nead/Rental Exp		, I		_ `	outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITORE							_		officeholder living	g expense		
								Office cleanir	ng s	service			
_													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	e soug	ht			Office h	eld		
		_											
	Date		Payee name										
	05/02/2025		West Texas	Property Soluti	ons								
	Amount (\$)		Payee addres	•	State; Zi	p Cod	le						
	\$162.38		4673 Osbor	ne Dr Ste F									
			El Paso, TX	79922									
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this schedule	)	(b)	Description					
	EXPENDITURE		Office Overh	nead/Rental Exp	oense			<b>=</b>		de of Texas. Con officeholder living	plete Schedule T.		
								Office cleanir			g expense		
									. 5				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	e soug	ht			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	06/06/2025		•	Property Soluti	ons								
	Amount (\$)		Payee addres		State; Zi	p Cod	le						
	\$162.38		4673 Osbor	-									
			El Paso, TX	79922									
	PURPOSE	(a)		e Categories listed at t	as too of this ashadula	, (	(b)	Description					
	OF	(-,		nead/Rental Exp			.~,		outsi	de of Texas. Con	plete Schedule T.		
	EXPENDITURE							_		officeholder living	g expense		
								Office cleaning	ng s	service			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	e soug	ht			Office h	eld		
	onponditure to benefit 6/01												

### 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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contrac	,						
		The Instruction Guide explains how to complete this	form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 90/92 Rpt:	Moody, Joseph E. (The Honorable)	00062850						
4	Date	5 Payee name							
	05/10/2025	William Paul Floral Design							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$129.59	1403 Lavaca							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption						
	OF EXPENDITURE	Gift/Awards/Memorials Expense							
		l — l —	eck if Austin, TX, officeholder living expense						
		Gradi	uation gift for staff						
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/27/2025	Wu, Gene							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$16.24	PO Box 742442							
		Houston, TX 77274							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	intion						
	OF		eck if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE		eck if Austin, TX, officeholder living expense						
		Portio	on of Committee Chair gift						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	01/02/2025	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) Descr	iption						
	OF EXPENDITURE	Office Overficad/Nertial Expense	eck if travel outside of Texas. Complete Schedule T.						
		I — I —	eck if Austin, TX, officeholder living expense						
		2001	n account for campaign & officeholder meetings						
_	Complete ONLY if direct	Candidate/Officeholder name	Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	,								
L	ms provided by Texas E	thics Commission www othics state ty us	Version V/A 1 0 f10d0fd9						

#### 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/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 91/92 Rpt:	Moody, Joseph E. (The Honorable)  00062850
4	Date	5 Payee name
	02/03/2025	Zoom Video Communications Inc
6	Amount (\$) \$17.04	7 Payee address; City; State; Zip Code 55 Alamaden Blvd 6th Floor San Jose, CA 95113
8	PURPOSE	
ľ	OF	c y (cor canagement and up or and contents)
	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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2025	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 Austin, TX, officeholder living expense
		Zoom account for campaign & officeholder meetings
	0 1: 01   1/4    1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

#### 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 Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
_	T-t-1 O-bd-1- E1.	1_					1	_	Ell ID	(Ethica Campainaina Filana)		
1	Total pages Schedule F1:	2						ı	Filer ID	(Ethics Commission Filers)		
	Sch: 92/92 Rpt:		Moody, Jose	eph E. (The Hono	rable)				00062850			
4	Date	5	Payee name									
	05/02/2025			Communications	Inc							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip Co	odo						
ľ		<b> </b> ′			State, Zip Cc	Jue						
	\$17.04		55 Alamaue	n Blvd 6th Floor								
			San Jose, C	A 95113								
8	PURPOSE	(a)	Category (Se	e Categories listed at the t	ton of this schedule)	(b)	Description					
	OF	` `		nead/Rental Expe		``		outsi	de of Texas. Cor	mplete Schedule T.		
	EXPENDITURE		000 0.0				Check if Austin,	, TX,	officeholder livin	ng expense		
							Zoom accoun	nt fo	or campaigr	n & officeholder meetings		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	neld		
	expenditure to benefit C/O	Н				J						
⊨	Data	_										
	Date		Payee name									
	06/02/2025		Zoom Video	Communications	Inc							
	Amount (\$)		Payee addres	ss; City;	State; Zip Co	ode						
	\$18.12		55 Alamade	n Blvd 6th Floor								
			San Jose, C	A 95113								
	PURPOSE	(0)				(h)	December					
	OF	(a)		e Categories listed at the t		(0)	Description  Check if travel of	outei	de of Teyas Cor	mplete Schedule T.		
	EXPENDITURE		Office Overr	nead/Rental Expe	rise				officeholder livin			
							ш			n & officeholder meetings		
										J		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	seholder name	Office sou	ıaht			Office h	nold		
	expenditure to benefit C/O		Januluale/Onic	cholder flame	Office 300	ignt			Office	iciu		
ı												

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	nmittee	Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services		Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Transporta Travel in D Travel Out	istrict of District	pense & Related Expense not listed above)	
<u> </u>								_				
1	Total pages Schedule G: Sch: 1/1 Rpt: 102/102	l	FILER NAM Moody, Jos		e Honorable)			3	Filer ID 000628		ommission Filers)	)
4	Date 03/07/2025		Payee name Airbnb, Inc									
6	Amount (\$) \$2,786.54	ı	Payee addre		State	; Zip Co	de					
	Reimbursement from political contributions intended		San Franci	sco, CA 94:	103							
8	PURPOSE	(a)	Category (S	See Categories lis	ted at the top of this sch	nedule)	(b) Description	_			s. Complete Schedule	е Т.
l	OF EXPENDITURE		Travel Out	of District			_				er living expense	
							Reimbursed pers session	son	al Visa c	redit card f	or lodging durir	ng
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	holder name			Office sought			Office hel	ld	