#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067618 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Maricela NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jeff NAME NICKNAME LAST **SUFFIX** Tillotson **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 382-3040 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 5 Court Of Appeals, Justice Place 4 District 5

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Moore, Maricela (The Honorable)  14 Filer ID 00067618			(Ethics Con	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without equired to report this information	the candidate's or off	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
	GENERAL					
		COMMITTEE ADD	PRESS			
	SPECIFIC					
		COMMITTEE CAN	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS(OTHER THAN CONTRIBUTIONS MADE ELE		\$ <b>\$</b>	0.00
		ICAL CONTRIBU		C)	\$	0.00
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
TOTALS					a a	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	6,329.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	74,009.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hono	orable Maricela Mo	oore	
			Signature of	Candidate or Officel	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of office	cer administe	ring oath

## SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

	3 of 20						
	8 FILER NAME Moore, Maricela (The Honorable)  19 Filer ID (Ethics Commission Filers) 00067618						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 6,329.56				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$				

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 1/16 Rpt: 4/20	Moore, Maricela (The Honorable) 00067618	
4	Date	5 Payee name	_
	04/04/2025	Adobe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$259.67	345 Park Avenue	
		San Jose, CA 95110	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Subscription	
Ļ	0 1 0 0 1 1 1 1		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		_
	Date	Payee name	
	04/17/2025	Al Biernet's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$134.57	4217 Oak Lawn	
		Dallas, TX 75219	
	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 staff	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
	Date	Payee name	=
	01/19/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$199.08	410 Terry Ave. N	
		Seattle, WA 98109	
	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	
		Office supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01	•	

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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	ı.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 5/20	Moore, Maricela (The Honorable)	00067618
4	Date	5 Payee name	<b>'</b>
	01/15/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$195.50	410 Terry Ave. N	
		,	
		Seattle, WA 98109	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	It is a second to the control of
	EXPENDITURE	T Office Overrieda/Nertial Expense	Austin, TX, officeholder living expense
		Office su	pplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/16/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.79	410 Terry Ave. N	
	,		
		Seattle, WA 98109	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pontal Expanse	N travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overnicad/Nertial Expense	Austin, TX, officeholder living expense
		Office su	pplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	01/27/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.96	410 Terry Ave. N	
		,	
		Seattle, WA 98109	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	It is a second to the control of
	EXPENDITURE	Office Overficad/Nertial Experise	Austin, TX, officeholder living expense
		Office su	pplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing 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: 3/16 Rpt: 6/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	05/05/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$490.97	4333 Amon Carter Boulevard
		Fort Worth, TX 76155
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airfare to NYU judicial education conference
		Amare to NTO judicial education conference
_	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2025	Arts District Mansion
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2101 Ross Ave
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Parking during legal event
	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/03/2025	Ascension Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.18	200 Crescent Ct #40
		Dallas, TX 75201
	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 staff
		IVICAL WILLT SLATI
_	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┢	Total manage Calcadala 54	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 4/16 Rpt: 7/20	2 FILER NAME Moore, Maricela (The Honorable)  3 Filer ID (Ethics Commission Filers) 00067618
4	Date	5 Payee name
	02/24/2025	Bobbie's Airway Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.32	5959 Royal Ln #515
		Dallas, TX 75230
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
		Meal with supporters
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	Cindy's Deli
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.31	306 S Houston St
		Dallas, TX 75202
	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 staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	02/19/2025	Costco
	02/19/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$166.20	8055 Churchill Way
		Dallas, TX 75251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rc)
1	Sch: 5/16 Rpt: 8/20	2 FILER NAME Moore, Maricela (The Honorable)  3 Filer ID (Ethics Commission File 00067618	15)
4	Date	5 Payee name	
	03/10/2025	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$152.42	8055 Churchill Way	
		Dallas, TX 75251	
		Dallas, 1 × 73231	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	2/11/21/01/12	Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
_	Date	Dayloo nama	
		Payee name	
	03/31/2025	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$426.11	8055 Churchill Way	
		Delles TV 75051	
		Dallas, TX 75251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/\\ _!\\\	Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	
	04/28/2025	·	
	04/20/2025	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.61	1954 Commerce St	
		Dallas, TX 75201	
	DUDDOOF	I	
	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	
		Subscription	
		Subscription	
	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 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		
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	<del></del>
_	Sch: 6/16 Rpt: 9/20	Moore, Maricela (The Honorable)  00067618	,
4	Date	5 Payee name	
	05/19/2025	Dallas Morning News	
6	Amount (\$) \$21.61	7 Payee address; City; State; Zip Code 1954 Commerce St  Dallas, TX 75201	
8	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  Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/12/2025	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.61	1954 Commerce St	
	212222	Dallas, TX 75201	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/29/2025	Democracy Toolbox	
H	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$300.00	PO Box 6250	
		McKinney, TX 75071	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Event planning	
	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 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 Coi	nmittee	Gift/Awards/Memori Legal Services  The Instruction	·		Wages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed ab	oove)
1	Total pages Schedule F1:	2	FII FR NAME		<u> </u>				3	Filer ID	(Ethics Commiss	ion Filers)
-	Sch: 7/16 Rpt: 10/20	-		icela (The Hoi	norable)				ľ	00067618	•	
Ļ		_	- IVIOOTE, IVIAI	Tricia (Tric Flor						00007010		
4	Date	5	Payee name									
	02/20/2025		Democracy	Toolbox								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$375.00		PO Box 625	50								
			McKinney,	TX 75071								
8	DUDDOCE	(0)					/b\	<u> </u>				
°	PURPOSE OF	(a)		ee Categories listed	at the top of this sch	nedule)	(D)	Description  Check if travel	outei	de of Teyes Co	mplete Schedule T.	
	EXPENDITURE		Consulting	Expense				ш		officeholder livir	•	
								Event plannir				
								·	•			
9	Complete ONLY if direct			ceholder name		Office sou	ıaht			Office h	neld	
ľ	expenditure to benefit C/OI		Janaiaate/Oni	ceriolaer riarrie	·	Omec 300	agrit			Omice	icia	
_		_										
	Date		Payee name									
	02/13/2025		Dropbox									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$127.79		185 Berry S	t 4th Floor								
			San Francis	sco, TX 94107								
	PURPOSE	(a)					(h)	Description				
	OF	(~)		ee Categories listed a		nedule)	(~)	_	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Office Over	neau/Rentai E	xpense			<b>=</b>		officeholder livir		
								Online storag	je			
	Complete ONLY if direct		 Candidate/Offi	ceholder name	(	Office sou	<u>l</u> ught			Office h	neld	
	expenditure to benefit C/OI	Н					-					
H	Data	Т	Davis a name									
	Date		Payee name									
	04/18/2025		Dropbox									
	Amount (\$)		Payee addre		State	; Zip Co	ode					
	\$212.13		185 Berry S	t 4th Floor								
			San Francis	sco, TX 94107								
	PURPOSE	(a)	Category (s.	ee Categories listed a	at the ten of this sel	andula)	(b)	Description				
	OF	``		head/Rental E		ledule)	(,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		011100 0101	iloaa/itoinai E	жропоо			Check if Austin	, TX,	officeholder livir	ng expense	
								Online storag	je			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ıght			Office h	neld	
	expenditure to benefit C/OI	Н										
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 c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/16 Rpt: 11/20	Moore, Maricela (The Honorable)		00067618
4	Date	5 Payee name		·
	03/10/2025	Hilton Tapestry		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$193.63	2400 W Loop S		
		Houston, TX 77027		
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
				Lodging during CLE
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
9	expenditure to benefit C/OI		ugnt	Office field
	Data			
	Date 05/27/2025	Payee name Mercury		
		,		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$253.63	11909 Preston Rd #1418		
		D. II. T. (7500)		
		Dallas, TX 75230		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meal with supporters
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/20/2025	Meyerson Center		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$24.37	2301 Flora Street		
		Dallas, TX 75201		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Meal with staff
	Occupated Chilly 2 "	Openhidate IOfficials III	<u> </u>	0" 111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugnt	Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 12/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	03/03/2025	Mi Cocina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.08	2000 Woodall Rodgers Fwy
		Dallas, TX 75201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal with staff
		Wied With Stail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	Michaels
	Amount (\$)	Payee address; City; State; Zip Code
	\$219.68	5500 Greenville Ave Ste 700
		Dallas, TX 75206
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
		Omoc Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L	·	
	Date	Payee name
	01/10/2025	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.60	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
	Operation ONLY if all part	Our distance (Office health annuary Control health
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

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

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

Fees Office Overhead/Re
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Cor

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 13/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	02/07/2025	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.60	620 Eighth Avenue Manhattan
		New York City, NY 10018
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 Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	03/07/2025	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.60	620 Eighth Avenue Manhattan
		New York City, NY 10018
	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
		Subscription
		Casconpacti
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	David and the second se
	Date 03/21/2025	Payee name  New York Times
		110111111111111111111111111111111111111
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.72	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	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: 11/16 Rpt: 14/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	04/23/2025	New York Times
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.92	620 Eighth Avenue Manhattan
		New York City, NY 10018
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
		Subscription
		Casconpacti
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	05/14/2025	New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.92	620 Eighth Avenue Manhattan
		New York City, NY 10018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Dougo nama
	06/16/2025	Payee name  New York Times
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.92	620 Eighth Avenue Manhattan
		New York City, NY 10018
	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
		Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 12/16 Rpt: 15/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	04/25/2025	New York University
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$466.88	40 Washington Sq. South
		New York, NY 10012
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		NYU judicial education conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	03/20/2025	Ocean Prime
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.42	2101 Cedar Springs Rd #150
		Dallas, TX 75201
	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 supporters
		Wear war supporters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
H	Data	
	Date 03/17/2025	Payee name Omni Hotal Barking
		Omni Hotel Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	555 S Lamar St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense  Parking during event
		Faiking during event
	Computate ONLY if dispost	Constitute (Office helder name) Office according
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 16/20	Moore, Maricela (The Honorable)	00067618
4 Date	5 Payee name	
04/22/2025	Omni Hotel Parking	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$15.99	555 S Lamar St	
	Dallas, TX 75202	
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  Parking during meal with supporters
		arking during mear with supporters
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		ugiit Oilide Heid
Date	Payee name	
04/22/2025	Omni Hotel	
Amount (\$)	Payee address; City; State; Zip C	rode
\$25.98	555 S Lamar St	
	Dallas, TX 75202	
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 supporters
Complete ONLY if direct	Candidate/Officeholder name Office so	Office hold
expenditure to benefit C/O		ught Office held
Date	Payee name	
05/19/2025	Parkingreceipts.com	
Amount (\$)	Payee address; City; State; Zip C	ode
\$20.91	5000 Legacy Drive, Suite #360	
	Plano, TX 75024	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE		Check if Austin, TX, officeholder living expense
		Parking during event

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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

	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: 14/16 Rpt: 17/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	06/03/2025	Ramirez-McCoy, Claudia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	600 Commerce Street, Suite 200
		Dallas, TX 75202
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 supplies
		Cinic Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	03/20/2025	Remarkable
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.24	Biermanns gate 6
		Oslo 0473 Norway
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/21/2025	Remarkable
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.24	Biermanns gate 6
		Oslo 0473 Norway
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portation to bottom 0/01	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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: 15/16 Rpt: 18/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
L	05/20/2025	Remarkable
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.24	Biermanns gate 6
L		Oslo 0473 Norway
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
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/24/2025	Southwest Airlines
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$571.56	2702 Love Field Drive
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Airfare for CLE in Houston March 2025
		Author for SEE III Floation March 2020
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/03/2025	Southwest Airlines
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	2702 Love Field Drive
		Dallas, TX 75235
Г	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  Internet service during travel
		internet service during traver
$\vdash$	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)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica 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: 16/16 Rpt: 19/20	Moore, Maricela (The Honorable) 00067618
4	Date	5 Payee name
	05/05/2025	Texas Board of Legal Specialization
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	505 E Huntland Dr sTe 400 LB 28
		Austin, TX 78752
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Examination fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	03/24/2025	UPS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$420.00	555 S Lamar St
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign post office box
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/16/2025	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.60	6120 Swiss Ave
		Dallas, TX 75214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage
		1 ostage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

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

SCI		

The Instruction Guide explains how to complete this form.			_ I	1 Total pages Schedule T: Sch: 1/1 Rpt: 20/20		
2 FILER NAME			3 F	iler ID (Ethics Com	nmission Filers)	
Moore, Maricela (The Honorable)			0	0067618		
4 Name of Contribut	or / Corpora	ation or Labor Organization / Pledgor /Payee				
American Airline	S					
5 Contribution / Expe	enditure rep	ported on:				
Schedule A2		Schedule B Schedule B(J) Schedule C2		Schedule D	X Schedule F1	
Schedule F2		Schedule F4 Schedule G Schedule H		Schedule COH-UC		
6 Dates of Travel	7 Name	of person(s) traveling				
	Moore	, Maricela				
	8 Depart	ure city or name of departure location				
07/13/2025	Dallas					
	I	ation city or name of destination location				
07/18/2025	New Y					
<b>10</b> Means of transpor		11 Purpose of travel (including name of conference, seminar,	or other	event)		
Commercial Airp	lane	Travel to judicial education conference				