

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

| | | | | | | |
|--|--|---|--|--|--------|----------|
| The JC/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00081672 | 2 Total pages filed: 27 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Michelle D. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Moore | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOV'T CODE | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Ms. | MI | | | |
| | NICKNAME | LAST Vanessa L. Johnson | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | REDACTED PER 254.0313, GOV'T CODE | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (281) | PHONE NUMBER 507-0787 | EXTENSION | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other | | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 314 Harris | | | 12 OFFICE SOUGHT (if known) | | |

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Moore, Michelle D. (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00081672 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 33,200.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 12,034.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 79,201.11 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 79,201.11 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Michelle D. Moore

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 27

| | |
|--|--|
| 18 FILER NAME Moore, Michelle D. (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00081672 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 33,200.00 | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 12,034.68 | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/13 Rpt: 4/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Jerry 6 Contributor address; City; State; Zip Code Houston, TX 77018 | 7 Amount of Contribution (\$) \$1,500.00 |
| | | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title Law Office of Jerry Acosta |
| 10 Contributor's employer/law firm Law Office of Jerry Acosta | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloome, Susan Contributor address; City; State; Zip Code Houston, TX 77004 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law office of Susan Bloome | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Julie Contributor address; City; State; Zip Code Houston, TX 77047 | | Amount of Contribution (\$) \$2,500.00 |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Law Office of Julie Brock | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/13 Rpt: 5/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Joseph 6 Contributor address; City; State; Zip Code Spring, TX 77389 | 7 Amount of Contribution (\$) \$1,000.00 |
| | 8 Contributor's Principal Occupation Attorney | |
| 9 Contributor's Job Title Attorney | | |
| 10 Contributor's employer/law firm Law Office of Joseph Cannon | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Nancy Contributor address; City; State; Zip Code Katy, TX 77449 | | Amount of Contribution (\$) \$350.00 |
| Contributor's Principal Occupation Court Interpreter | | Contributor's Job Title Court Interpreter |
| Contributor's employer/law firm Independent Contractor | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Angeles Marquez Contributor address; City; State; Zip Code Bellaire, TX 77401 | | Amount of Contribution (\$) \$350.00 |
| Contributor's Principal Occupation Court Interpreter | | Contributor's Job Title Court Interpreter |
| Contributor's employer/law firm Independent Contractor | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/13 Rpt: 6/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/14/2025 | 5 Full name of contributor Champs, Ieshia 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$500.00 |
| | 8 Contributor's Principal Occupation Attorney | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Champs Law Firm, PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor Clark Jones, Sherika Contributor address; City; State; Zip Code Sugarland, TX 77478 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm The Clark-Jones Law Firm, PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/29/2025 Full name of contributor Cooper, James Contributor address; City; State; Zip Code Houston, TX 77018 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of James Cooper | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/13 Rpt: 7/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Michael | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77006 | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title attorney |
| 10 Contributor's employer/law firm Law Office of Michael Craig | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/30/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunbar, Hailey |
| | | Contributor address; City; State; Zip Code Houston, TX 77096 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm The Law Office of Hailey Dunbar | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/11/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Brian |
| | | Contributor address; City; State; Zip Code Houston, TX 77025 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Brian Fischer | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/13 Rpt: 8/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 07/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitch, Bonnie | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77021 | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title lawyer |
| 10 Contributor's employer/law firm Law office of Bonnie Fitch | | 11 Law firm of contributor's spouse (if any) na |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 10/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos Contributor address; City; State; Zip Code Houston, TX 77006 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Carlos Garcia | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/20/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Kevin Contributor address; City; State; Zip Code Houston, TX 77002 | | Amount of Contribution (\$) \$2,500.00 |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Kevin George & Associates | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 6/13 Rpt: 9/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graul, Kathryn 6 Contributor address; City; State; Zip Code League City, TX 77573 | 7 Amount of Contribution (\$) \$500.00 |
| | | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title attorney |
| 10 Contributor's employer/law firm Kelly Graul Law PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Chaun Contributor address; City; State; Zip Code Sugarland, TX 77479 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Law Office of Chaun Hubbard | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Rodney Contributor address; City; State; Zip Code Houston, TX 77036 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Rodney Jones Law Group | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 7/13 Rpt: 10/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lombardo, Margaret 6 Contributor address; City; State; Zip Code houston, TX 77027 | 7 Amount of Contribution (\$) \$1,500.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Margaret Lombardo | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Martina Contributor address; City; State; Zip Code Pearland, TX 77581 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Martina Longoria | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maisel, John Contributor address; City; State; Zip Code Houston, TX 77024 | | Amount of Contribution (\$) \$2,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of John Maisel | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/13 Rpt: 11/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Charles 6 Contributor address; City; State; Zip Code Houston, TX 77024 | 7 Amount of Contribution (\$) \$1,000.00 |
| | | |
| 8 Contributor's Principal Occupation Investigator | | 9 Contributor's Job Title Investigator |
| 10 Contributor's employer/law firm Legal Services | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/24/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millard, John Contributor address; City; State; Zip Code Sugarland, TX 77479 | | Amount of Contribution (\$) \$250.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of John Millard | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Mitchell Contributor address; City; State; Zip Code Houston, TX 77008 | | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Law Office of Mitchel R Nelson, PLLC | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 9/13 Rpt: 12/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielson, Hans | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77006 | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title attorney |
| 10 Contributor's employer/law firm Law Office Hans Nielson | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oruaga, Dorothy | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77054 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Dorothy Oruaga | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 09/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phea, Angela | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77021-1107 | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Law Office of Angela Phea | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 10/13 Rpt: 13/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rahman, Dana | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77057 | |
| 8 Contributor's Principal Occupation attorney | | 9 Contributor's Job Title attorney |
| 10 Contributor's employer/law firm Law office of Dana Rahman | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riskind, Miriam | | Amount of Contribution (\$) \$300.00 |
| Contributor address; City; State; Zip Code Houston, TX 77008 | | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Law Office of Miriam Riskind | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 07/28/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer Esq., Joann | | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code Houston , TX 77027 | | |
| Contributor's Principal Occupation attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Joann Schaffer | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 11/13 Rpt: 14/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 10/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharma, Tuhina 6 Contributor address; City; State; Zip Code Bellaire, TX 77401 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Law Office of Tuhina Sharma | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Keisha Contributor address; City; State; Zip Code Houston, TX 77042 | | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Law Office of Keisha Smith | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 08/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprott, Lloyd Contributor address; City; State; Zip Code Irving, TX 75053 | | Amount of Contribution (\$) \$100.00 |
| Contributor's Principal Occupation School teacher | | Contributor's Job Title school teacher |
| Contributor's employer/law firm Clear lake ISD | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 12/13 Rpt: 15/27 | |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 | |
| 4 Date 07/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprott, Oliver 6 Contributor address; City; State; Zip Code Houston, TX 77002 | 7 Amount of Contribution (\$) \$2,500.00 | |
| 8 Contributor's Principal Occupation Lawyer | | 9 Contributor's Job Title Lawyer | |
| 10 Contributor's employer/law firm Law Office of Oliver Sprott | | 11 Law firm of contributor's spouse (if any) | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 08/14/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Thao Contributor address; City; State; Zip Code Houston, TX 77023 | Amount of Contribution (\$) \$500.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Law Offices of Thao Tran | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| Date 11/11/2025 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windham, Terrance Contributor address; City; State; Zip Code Houston, TX 77071 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney | |
| Contributor's employer/law firm Law Office of Terrance Windham | | Law firm of contributor's spouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A(J)1**

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 13/13 Rpt: 16/27 |
| 2 FILER NAME Moore, Michelle D. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 12/01/2025 | 5 Full name of contributor reed, Derrick 6 Contributor address; City; State; Zip Code Pearland, TX 77584 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Contributor's Principal Occupation Attorney | | 9 Contributor's Job Title Attorney |
| 10 Contributor's employer/law firm Stephens Reed & Armstrong, PLLC | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 17/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 12/16/2025 | 5 Payee name Bailey, Cynthia | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Houston, TX 77028 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bikes for Winter Toyland Drive. Funds sent to Cynthia Bailey on behalf of Impacting Houston, Inc. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/07/2025 | Payee name Competitive Edge Outreach | |
| Amount (\$) \$70.00 | Payee address; City; State; Zip Code 7373 Ardmore Houston, TX 77054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense \$35 to Fiesta Guadalajara, \$35 to Lubys. Paid Competitive Edge to distribute |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/30/2025 | Payee name Democrats of La Porte | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code 902 Shadow Creek Dr La Porte, TX 77571 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet and greet petition signing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 18/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 07/30/2025 | 5 Payee name GoDaddy Operating Company LLC | |
| 6 Amount (\$) \$306.75 | 7 Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/03/2025 | Payee name Gray-Chambers, Lori (Judge) | |
| Amount (\$) \$98.23 | Payee address; City; State; Zip Code 1201 Franklin 15th Floor Houston, TX 77002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense H19 push cards |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/10/2025 | Payee name Harris County Democratic Party | |
| Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 3302 Canal St Ste 62 Houston, TX 77003 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for place on ballot. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 19/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/20/2025 | 5 Payee name Harris County Democratic Party | |
| 6 Amount (\$) \$3,000.00 | 7 Payee address; City; State; Zip Code 3302 Canal St Ste 62 Houston, TX 77003 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated campaign payment |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/14/2025 | Payee name Houston Black American Democrats | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO Box 981087 Houston, TX 77002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/24/2025 | Payee name Houston Black American Democrats | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO Box 981087 Houston, TX 77002 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|-------------|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 20/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 | |
| 4 Date 10/20/2025 | 5 Payee name Kirby Ice House | | |
| 6 Amount (\$) \$18.33 | 7 Payee address; City; 3333 Eastside Houston, TX 77098 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petition signing event | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 07/24/2025 | Payee name Loft18 | | |
| Amount (\$) \$835.56 | Payee address; City; 3128 Metairie Rd Metairie, LA 70001 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign kick off party | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 08/13/2025 | Payee name Loft18 | | |
| Amount (\$) \$2,506.66 | Payee address; City; 3128 Metairie Rd Metairie, LA 70001 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense my campaign fundraiser expense-food, drinks, space. | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/11 Rpt: 21/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/19/2025 | 5 Payee name Medina, Pamela (Judge) | |
| 6 Amount (\$) \$350.00 | 7 Payee address; City; 201 Caroline ste 680 Houston, TX 77002 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense JRR ticket |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name Mexican American Bar Association | |
| Amount (\$) \$350.00 | Payee address; City; P.O. Box 303 Houston, TX 77001 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/23/2025 | Payee name Mi Tienda | |
| Amount (\$) \$25.99 | Payee address; City; 3800 E. Little York Rd Houston, TX 77093 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dessert for Area 5 Democrat Club petition signing potluck |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 22/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 07/29/2025 | 5 Payee name Raise The Money | |
| 6 Amount (\$) \$24.75 | 7 Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/24/2025 | Payee name Raise The Money | |
| Amount (\$) \$143.24 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/24/2025 | Payee name Raise The Money | |
| Amount (\$) \$122.75 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 23/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/15/2025 | 5 Payee name Raise The Money | |
| 6 Amount (\$) \$24.75 | 7 Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/17/2025 | Payee name Raise The Money | |
| Amount (\$) \$164.90 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/14/2025 | Payee name Raise The Money | |
| Amount (\$) \$197.00 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 8/11 Rpt: 24/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 08/13/2025 | 5 Payee name Raise The Money | |
| 6 Amount (\$) \$214.65 | 7 Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/12/2025 | Payee name Raise The Money | |
| Amount (\$) \$24.75 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/14/2025 | Payee name Raise The Money | |
| Amount (\$) \$24.75 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 25/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 09/02/2025 | 5 Payee name Raise The Money | |
| 6 Amount (\$) \$32.74 | 7 Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/01/2025 | Payee name Raise The Money | |
| Amount (\$) \$13.14 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/13/2025 | Payee name Raise The Money | |
| Amount (\$) \$57.24 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 26/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 |
| 4 Date 11/12/2025 | 5 Payee name Raise The Money | |
| 6 Amount (\$) \$49.25 | 7 Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/03/2025 | Payee name Raise The Money | |
| Amount (\$) \$49.25 | Payee address; City; 204 Executive Ct Little Rock, AR 72205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transaction fee for political contribution. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/14/2025 | Payee name The Caucus | |
| Amount (\$) \$250.00 | Payee address; City; 619 Coral Street Houston, TX 77023 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Equality Brunch ticket |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 27/27 | 2 FILER NAME Moore, Michelle D. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00081672 | |
| 4 Date 07/19/2025 | 5 Payee name Tru Insight Media LLC | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; 6122 Grey Oaks Dr Houston, TX 77050 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) digital creation expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital design creation for campaign kick off flyer in various sizes and formats | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |