

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)	2 Total pages filed: 37
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Audrey F. NICKNAME LAST SUFFIX Moorehead	OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged <div style="text-align: right; font-weight: bold; font-size: 2em; color: blue;">FILED</div> <div style="text-align: center; color: blue; font-weight: bold;">2022 JAN 14 PM 5:34</div> <div style="text-align: center; color: blue; font-weight: bold;">JOHN F. WARREN COUNTY CLERK DALLAS COUNTY BY: [Signature]</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 763984 Dallas, Texas 75376		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 929 0662		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Trinidad NICKNAME LAST SUFFIX Garza		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2235 W. Colorado Dallas TX 75211		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 597 3260		
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 21 THROUGH 12 / 31 / 21		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

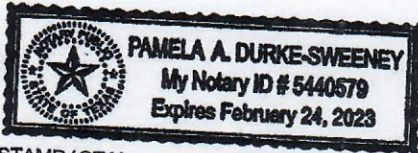
15 JC/OH NAME <i>Audrey Moorehead</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>11,635</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>18,583.43</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>16,083.89</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Audrey Moorehead
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Audrey Moorehead* this the *14* day of *January*, 20 *22*, to certify which, witness my hand and seal of office.

Pamela A. Durke-Sweeney *Pamela A. Durke-Sweeney* *Notary Public*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(street) (city) (state) (zip code) (country)
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME <i>Audrey Moorehead</i>	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>11,635</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>18,543.48</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date
7/1/21

5 Full name of contributor out-of-state PAC ID#: _____
Rick Cohen

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
7220 Mason Dells Dallas TX 75230

250.00

8 Contributor's principal occupation
Cohen + Cohen - Lawyer

9 Contributor's job title
Principal

10 Contributor's employer/law firm
Cohen + Cohen PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
7/1/21

Full name of contributor out-of-state PAC ID#: _____
Mark Griffith

Amount of contribution (\$)

Contributor address; City; State; Zip Code
108 W. Main St. Waxahatchee TX 75165

100.00

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Griffith + Associates

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
7/22/21

Full name of contributor out-of-state PAC ID#: _____
Christy Albano

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5706 S. Briar Ridge Cr. McKinney TX 75070

100.00

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Albano Law PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date
7/27/21

5 Full name of contributor out-of-state PAC ID#: _____
Brian Gray

7 Amount of contribution (\$)
250-

6 Contributor address; City; State; Zip Code
3203 Brookhaven Club Farmers Branch TX 75234

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Attorney

10 Contributor's employer/law firm
Self Employed

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

8/2/21

Full name of contributor out-of-state PAC ID#: _____
Thomas Barron

Amount of contribution (\$)
250-

Contributor address; City; State; Zip Code
P.O. Box 141323 Dallas TX 75214

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Self Employed

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/4/21

Full name of contributor out-of-state PAC ID#: _____
Erin Hendricks

Amount of contribution (\$)
50-

Contributor address; City; State; Zip Code
8150 N. Central Dallas TX 75206

Contributor's principal occupation
Attorney

Contributor's job title
Attorney

Contributor's employer/law firm
Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A(J)1: **13**

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/21

5 Full name of contributor

out-of-state PAC ID#: _____

Regina Montoya

7 Amount of contribution (\$)

250-

6 Contributor address;

City;

State; Zip Code

5230 Lobello Dr. Dallas TX 75229

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Regina T. Montoya PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/8/21

Full name of contributor

out-of-state PAC ID#: _____

Carol Donovan

Amount of contribution (\$)

1,000-

Contributor address;

City;

State; Zip Code

6509 Malcolm Dallas TX 75214

Contributor's principal occupation

Attorney

Contributor's job title

Attorney/Mediator

Contributor's employer/law firm

Carol Crabtree Donovan P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/9/21

Full name of contributor

out-of-state PAC ID#: _____

Bruce Anton

Amount of contribution (\$)

250-

Contributor address;

City;

State; Zip Code

2311 Cedar Springs Dallas TX 75201

Contributor's principal occupation

Contributor's job title

Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date **9/9/21**

5 Full name of contributor out-of-state PAC ID#: _____
Martin Lowy

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
7793 Royal Lane Dallas TX 75230

50-

8 Contributor's principal occupation
unemployed

9 Contributor's job title
unemployed

10 Contributor's employer/law firm
N/A

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

9/10/21

Full name of contributor out-of-state PAC ID#: _____
Sharon Moore

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3544 Keyridge Dr. Dallas TX 75241

25-

Contributor's principal occupation
Unemployed

Contributor's job title
Unemployed

Contributor's employer/law firm
N/A

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

9/19/21

Full name of contributor out-of-state PAC ID#: _____
Victoria Walton

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3773 Cripple Creek Dallas TX 75224

50-

Contributor's principal occupation
Executive Director

Contributor's job title
Founder

Contributor's employer/law firm
Need A Break, Inc

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey McCrethead**

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/21

5 Full name of contributor out-of-state PAC ID#: _____
Paul Saputo

7 Amount of contribution (\$)

100-

6 Contributor address; City; State; Zip Code
2123 Marilla Dallas TX 75201

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Owner

10 Contributor's employer/law firm

Saputo Defense PLLC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/6/21

Full name of contributor out-of-state PAC ID#: _____
Maurice Jones

Amount of contribution (\$)

250-

Contributor address; City; State; Zip Code
138 Shethfield Cedar Hill 75104

Contributor's principal occupation

Owner

Contributor's job title

Chief

Contributor's employer/law firm

DAPPS

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/6/21

Full name of contributor out-of-state PAC ID#: _____
Lynn Richardson

Amount of contribution (\$)

100-

Contributor address; City; State; Zip Code
2113 Shan Lane Garland TX 75043

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Dallas County

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME

Audrey McCrehead

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/21

5 Full name of contributor

Colleen Martin

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

10-

6 Contributor address;

7805 LaManga Dallas TX 75248

City;

State;

Zip Code

8 Contributor's principal occupation

Product Specialist

9 Contributor's job title

Product Specialist

10 Contributor's employer/law firm

The Container Store

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/13/21

Full name of contributor

Krick Krause

out-of-state PAC ID#: _____

Amount of contribution (\$)

100-

Contributor address;

7735 Mullrany Dallas TX 75248

City;

State;

Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Lawyer

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

Wing Krause PLLC

If contributor is a child, law firm of parent(s) (if any)

Date

10/14/21

Full name of contributor

Mark Scott

out-of-state PAC ID#: _____

Amount of contribution (\$)

500-

Contributor address;

11300 N. Central Expy Dallas TX 75248

City;

State;

Zip Code

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME

Andrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/21

5 Full name of contributor

Paul Wingo

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

500-

6 Contributor address;

325 N. Saint Paul #330 Dallas TX 75201

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Partner

10 Contributor's employer/law firm

Hamilton Wingo

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/4/21

Full name of contributor

Tom Ervin

out-of-state PAC ID#: _____

Amount of contribution (\$)

50-

Contributor address;

4144 N. Central Ex. Dallas TX 75204

Contributor's principal occupation

President

Contributor's job title

President

Contributor's employer/law firm

E E Tradeco LLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/4/21

Full name of contributor

Veretta Frazier

out-of-state PAC ID#: _____

Amount of contribution (\$)

100-

Contributor address;

4145 Beltline Addison TX 75001

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

West + Associates

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date
10/14/21

5 Full name of contributor out-of-state PAC ID#: _____
Terry Smith

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1246 Essex Desoto, TX 75115

50-

8 Contributor's principal occupation
Receptor

9 Contributor's job title
Realtor

10 Contributor's employer/law firm
Self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
10/14/21

Full name of contributor out-of-state PAC ID#: _____
Krisi Kastl

Amount of contribution (\$)

Contributor address; City; State; Zip Code
4144 N Central Express, Suite 1000 Dallas, TX 75204

500-

Contributor's principal occupation
Attorney

Contributor's job title
Owner

Contributor's employer/law firm
Kastl Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
10/14/21

Full name of contributor out-of-state PAC ID#: _____
James Kille

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2764 Burlington Blvd Dallas TX 75211

50-

Contributor's principal occupation
Retired

Contributor's job title
Retired

Contributor's employer/law firm
N/A

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date **10/15/21**

5 Full name of contributor out-of-state PAC ID#: **Alison Battiste**

7 Amount of contribution (\$) **250**

6 Contributor address; City; State; Zip Code
511 N Akard Dallas TX 7520

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Attorney

10 Contributor's employer/law firm
Munck Wilson

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date **10/15**

Full name of contributor out-of-state PAC ID#: **Louis Rajsich**

Amount of contribution (\$) **50**

Contributor address; City; State; Zip Code
6301 Gaston Ave Dallas TX 75214

Contributor's principal occupation
Paralegal

Contributor's job title
Paralegal

Contributor's employer/law firm
Mitzner LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date **10/14/21**

Full name of contributor out-of-state PAC ID#: **Monique Brown**

Amount of contribution (\$) **50**

Contributor address; City; State; Zip Code
2132 Becky Lane Cedar Hill 75104

Contributor's principal occupation
Judge

Contributor's job title
Administrative Judge

Contributor's employer/law firm
USDA National Appeals Division

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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1 Total pages, Schedule A(J)1: **13**

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/21

5 Full name of contributor

out-of-state PAC ID#: _____

Nicole Taylor

7 Amount of contribution (\$)

100

6 Contributor address;

City;

State;

Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Nicole Taylor Campaign

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/14/21

Full name of contributor

out-of-state PAC ID#: _____

Andrew Garcia

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

P.O. Box 224888 Dallas TX 75222

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Offices of Andrew Garcia

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/14/21

Full name of contributor

out-of-state PAC ID#: _____

Blanche Walter

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1551 Trailridge Dallas TX 75224

Contributor's principal occupation

Reinert

Contributor's job title

Reinert

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1: **13**

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/21

5 Full name of contributor

Ken Molberg

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

100-

6 Contributor address;

2214 Main Dallas TX 75201

City;

State;

Zip Code

8 Contributor's principal occupation

Judge

9 Contributor's job title

Justice

10 Contributor's employer/law firm

County Appointed Campaign

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/4/21

Full name of contributor

Gena Slaughter

out-of-state PAC ID#: _____

Amount of contribution (\$)

100-

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Judge

Contributor's job title

Judge

Contributor's employer/law firm

Judge Gena Slaughter Camp

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/4/21

Full name of contributor

Douglas Skemp

out-of-state PAC ID#: _____

Amount of contribution (\$)

100-

Contributor address;

511 N. Akard #1503 75201

City;

State;

Zip Code

Contributor's principal occupation

Retired

Contributor's job title

Retired Judge

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/21

5 Full name of contributor

Enc Puente

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

250

6 Contributor address;

320 Lakeside Rockwall TX 75087

City; State; Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/20/21

Full name of contributor

Chris Parrin

out-of-state PAC ID#: _____

Amount of contribution (\$)

5,000

Contributor address;

842 Bluff Ridge Cedar Hill TX 75104

City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Owner

Contributor's employer/law firm

Parrin Law Group

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/20/21

Full name of contributor

Charles Maduka

out-of-state PAC ID#: _____

Amount of contribution (\$)

250

Contributor address;

3917 Sublet Rd Arlington TX 76011

City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Self Employed Attorney

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **13**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date **10/19/21**

5 Full name of contributor out-of-state PAC ID#: _____
Gerald Prinn

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
817 Warrenway Richardson TX 75080

50.00

8 Contributor's principal occupation
Attorney

9 Contributor's job title
Attorney

10 Contributor's employer/law firm
Dallas County

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date **11/20/21**

Full name of contributor out-of-state PAC ID#: _____
Jennifer Willis

Amount of contribution (\$)

Contributor address; City; State; Zip Code
609 S. Coliad Rockwall TX 75087

500-

Contributor's principal occupation
Executive Director

Contributor's job title
Olona Operator

Contributor's employer/law firm
Willis Group - Money Forward

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out-of-state PAC ID#: _____

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 7/1	5 Payee name Stripe	
6 Amount (\$) 11.30	7 Payee address; City; State; Zip Code 5th 3rd Street, Sk 900 San Francisco CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting Exp	(b) Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/2	Payee name Stripe	
Amount (\$) 4.70	Payee address; City; State; Zip Code 5th 3rd Street, Suite 900 San Francisco CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banker's	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 7/6	Payee name Stripe	
Amount (\$) 4.70	Payee address; City; State; Zip Code 5th 3rd Street, Suite 900 San Francisco CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banking	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 7/22/21	5 Payee name Mexican American Bar Association Dallas	
6 Amount (\$) 107.12	7 Payee address; City; State; Zip Code 2001 Ross Ave, Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/27/21	Payee name Unlocking Doors	
Amount (\$) 255.99	Payee address; City; State; Zip Code 12225 Greenville Ave, 850 Dallas TX 75243	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/27/21	Payee name Stripe	
Amount (\$) 16.00	Payee address; City; State; Zip Code 5th 3rd Street Suite 900 San Francisco CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banking	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 8/12/21	5 Payee name Dallas Hispanic Law Foundation
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6 Amount (\$) 250-	7 Payee address; P.O. Box 1523 Dallas, Texas	City;	State;	Zip Code 75221
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/23/21	Payee name Edwards & Patterson
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Amount (\$) 595.38	Payee address; 203 S. Belt Line Rd Irving TX 75060	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/2	Payee name Golden Chick
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Amount (\$) 30.61	Payee address; 10443 N. Central Dallas TX	City;	State;	Zip Code 75231
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage	Description Food, Volunteer Mtg
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME: Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date: 8/5/21	5 Payee name: Dallas AFLCIO
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6 Amount (\$): 295-	7 Payee address; City; State; Zip Code: 1408 N. Washington Dallas TX 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Fundraising Exp	(b) Description: Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/10/21	Payee name: CCIF / Golf fundraiser
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Amount (\$): 250-	Payee address; City; State; Zip Code: 133 N. Riverfront, Dallas TX 75207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Fundraiser	Description: Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 8/13/21	Payee name: Caldwell Creative
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Amount (\$): 178.61	Payee address; City; State; Zip Code: 8604 Turtle Creek #12484 Dallas, TX 75225
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense	Description: Signage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 8/20/21	5 Payee name Reilly Echels
--------------------------	--------------------------------------

6 Amount (\$) 376.17	7 Payee address; City; State; Zip Code 1710 S. Harwood Dallas TX 75215
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Pushcards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/4/21	Payee name Stripe
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Amount (\$) 11.30	Payee address; City; State; Zip Code 5th 3rd Street, Suite 900 San Francisco CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Exp	Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 9/7	5 Payee name Texas A&M Foundation
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6 Amount (\$) 500-	7 Payee address; City; State; Zip Code 401 George Bush Br. College Station 77840
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Exp	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/9/21	Payee name Stripe
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Amount (\$) 71.90	Payee address; City; State; Zip Code 5th 3rd Street, Suite 900 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Exp	Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/21	Payee name Custom Inc
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Amount (\$) 462.22	Payee address; City; State; Zip Code 5959 Royal Lane Dallas TX 75230
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description T-Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>Audrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/21/21</i>	5 Payee name <i>Remeko Edwards Campaign</i>
--------------------------	--

6 Amount (\$) <i>100-</i>	7 Payee address; <i>P.O. Box 1402 Dallas TX 75123</i>
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions/donations</i>	(b) Description <i>Campaign contribution</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/21/21</i>	Payee name <i>Veretta Frazier Campaign</i>
------------------------	---

Amount (\$) <i>100-</i>	Payee address; <i>4145 Bellline Rd Ste 212-122 Addison TX 75001</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution/donations</i>	Description <i>Campaign Contribution</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/24/21</i>	Payee name <i>Stripe</i>
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Amount (\$) <i>8.61</i>	Payee address; <i>5th 3rd Street, Suite 900 San Francisco, CA 94103</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <i>Fees</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 9/24/21	5 Payee name Dallas Bar Foundation
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6 Amount (\$) 500-	7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas TX 75201
---------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising/solicitation	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/21	Payee name Dallas Bar Association (NT Giv Day)
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Amount (\$) 57.50	Payee address; City; State; Zip Code 2101 Ross Avenue Dallas TX 75201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/27/21	Payee name Vista Print
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Amount (\$) 248.35	Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expenses	Description Bus Cards, Letterhead, Envelopes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 9/30/21	5 Payee name iCustomlabel
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6 Amount (\$) 132.80	7 Payee address; 640 Brooker Creek #455 Oldsmar, FL 34677 City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description water bottle labels
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 10/4/21	5 Payee name Freedom Fund - NAKOP
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6 Amount (\$) 65-	7 Payee address; 790 Windbell Circle, Mesquite, TX	City; Mesquite, TX	State;	Zip Code 75149
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/5/21	Payee name Antioch
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Amount (\$) 50-	Payee address; 7550 S. Hampton, Dallas, TX	City; Dallas, TX	State;	Zip Code 75232
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/8/21	Payee name Nicole Taylor Campaign
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Amount (\$) 100	Payee address; P.O. Box 2121 Cedar Hill TX	City; Cedar Hill TX	State;	Zip Code 75106
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributory Donation	Description Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 10/12/21	5 Payee name Dallas Bar Association Foundation	
6 Amount (\$) 250-	7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(b) Description Dallas Bench Bar Conf.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 10/14/21	Payee name My MEM	
Amount (\$) 323.64	Payee address; City; State; Zip Code 800 High Street Hackettstown NJ 07840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Personalized Memos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 10/18/21	Payee name Kr10 Restaurant	
Amount (\$) 724.35	Payee address; City; State; Zip Code 233 W. Seventh, Dallas TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event / Food & Bev.	Description Catering
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/21	5 Payee name Trilly Echels
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6 Amount (\$) 475-	7 Payee address; 1710 S. Harwood Dallas TX 75215
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Signage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/21	Payee name Greater Southwest Black Chamber
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Amount (\$) 39-	Payee address; 3200 Pleasant Run, Lancaster, TX 75146
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Ticket
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/21	Payee name Tammy Kemp Campaign
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Amount (\$) 100-	Payee address; P.O. Box 224 784 Dallas TX 75222
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME: Adrienne Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date: 10/19/21	5 Payee name: Dallas Bar Association Community Service	
6 Amount (\$): 510⁻	7 Payee address; City; State; Zip Code 2101 Ross Avenue Dallas Tx 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 10/18/21	Payee name: Texas Criminal Defense Lawyers Association Institute	
Amount (\$): 500⁻	Payee address; City; State; Zip Code 6808 Hill Meadow Austin Tx 78736	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Exp	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 11/15/21	Payee name: J.L. Turner Legal Association Foundation	
Amount (\$): 300⁻	Payee address; City; State; Zip Code 2101 Ross Ave Dallas Tx 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 10/22/21	5 Payee name Stripe
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6 Amount (\$) 332.44	7 Payee address; 5th 3rd Street Suite 900 San Francisco CA 94103	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/21	Payee name DBA Community Src. Fund
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Amount (\$) 510-	Payee address; 2101 Ross Dallas TX 75201	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising/Solicitation	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/21	Payee name TCDLEI
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Amount (\$) 500-	Payee address; 6808 Hill Meadow, Austin, TX 78736	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising CA	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME: Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date: 11/8/21	5 Payee name: The Hatchet Brunch @ Michael's by Las Colinas.	
6 Amount (\$): 59.67	7 Payee address; City; State; Zip Code: 925 W. John Carpenter Irving TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: Sponsorship/Table
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 11/8/21	Payee name: Democracy Tool Box	
Amount (\$): 467.60	Payee address; City; State; Zip Code: 8552 Royal County Downs McKinney TX 75060	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Consulting Expense	Description: Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date: 11/9/21	Payee name: Dallas Democratic Party/ACBIE	
Amount (\$): 250.00	Payee address; City; State; Zip Code: 1408 N. Washington, Dallas TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event	Description: Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 21	2 FILER NAME Adrienne Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 11/04/21	5 Payee name Democracy Toolbox	
6 Amount (\$) 519.52	7 Payee address; City; State; Zip Code 8552 Royal County Downs McKinney Tx 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/10/21	Payee name Dallas Court Appointed Special Advocate	
Amount (\$) 1,000-	Payee address; City; State; Zip Code 2757 Swiss Avenue Dallas, Tx 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising / solicitation	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 11/8/21	Payee name HBCU / Paul Quinn College	
Amount (\$) 45.71	Payee address; City; State; Zip Code 3837 Simpson Street Dallas Tx 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event / solicitation	Description Elected Officials Brunch
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 12/1/21	5 Payee name Democracy Tool Box	
6 Amount (\$) 519.84	7 Payee address; City; State; Zip Code 8552 Royle County Downs McKinney TX 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/14/21	Payee name STRIPE		
Amount (\$) 44.30	Payee address; City; State; Zip Code 5th 3rd Street Suite 900, San Francisco CA 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Expenses	Description Fees	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/21	Payee name Alpha Xi Omega		
Amount (\$) 433.50	Payee address; City; State; Zip Code P.O. Box 222 333 Dallas TX 75222		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Anti-bullying Donations	Description Table Sponsor Selection Exp	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Audrey Mceneaney	3 Filer ID (Ethics Commission Filers)
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4 Date 12/2/21	5 Payee name Threshold Ministries
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6 Amount (\$) 50-	7 Payee address; 709 Lingco Dr. Richardson TX 75081
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Church donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/4/21	Payee name TCOLET
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Amount (\$) 1000-	Payee address; 6808 Hill Meadow Austin TX 78736
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Exp	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/1/21	Payee name Texas Bar Foundation
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Amount (\$) 625	Payee address; 2101 Ross Ave Dallas TX 75201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 12-21	5 Payee name Dallas Bar Foundation	
6 Amount (\$) 500	7 Payee address; City; State; Zip Code 2101 Ross Ave Dallas Tx 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Exp	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

Date 12/9/21	Payee name Dallas County Democratic Party	
Amount (\$) 2,500-	Payee address; City; State; Zip Code 1414 N. Washington Dallas Tx 75209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

Date 12-12-21	Payee name WPS TV	
Amount (\$) 300-	Payee address; City; State; Zip Code 1423 W. Duncannville Suite A Duncannville Tx 75116	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 21	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 12-17-21	5 Payee name Our Friends Place Non Profit Human Trafficking	
6 Amount (\$) 200	7 Payee address; City; State; Zip Code 6500 Greenville, Ave Dallas TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12-17-21	Payee name Texas Coalition of Black Democrats	
Amount (\$) 500	Payee address; City; State; Zip Code 1414 N. Washington Dallas TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/20/21	Payee name North Dallas Texas Democratic Women	
Amount (\$) 75-	Payee address; City; State; Zip Code 17201 Hidden Glen Dallas TX 75248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Org Dues
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21	2 FILER NAME Andrew Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date: 12/24/21	5 Payee name Dean McCuey Auction NonProfit	
6 Amount (\$): 150-	7 Payee address; City; State; Zip Code 1215 SW Mabry Levensville, TX 75054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description Sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED