	ONTINA	IDATE / OFFIC		.DEK	FORM JC/C COVER SHEET PG
		s how to complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	R Ms Audrey			МІ	OFFICE USE ONLY
	NICKNAME	LAST	***********	SUFFIX	But Saint
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO	ehead BOX; APT / SUITE #; C 763984 Dallas Texas	CITY; S'	TATE; ZIP CODE	Date Received 022 JUL
ADDRESS  Change of Address		Dullas Texas	755/6		-6 F
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 214)	PHONE NUMBER 929-0662	EX	TENSION	Date Hand Gelivered or Date Postmarket
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MJ	Receipt # Amount \$
NAME	NICKNAME	Trinidad LAST	************	SUFFIX	Date Processed
CAMPAIGN	Garza			30111	Date Imaged
TREASURER ADDRESS		S (NO PO BOX PLEASE); APT / SUI		CITY;	STATE; ZIP CODE
(Residence or Business)	22	35 W. Colorado Dalla	s Texas 75	5211	
TREASURER PHONE REPORT TYPE	( 214 )  January 15	597-3260 30th day before elec	tion	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
PERIOD	Month	8th day before election		Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	01	Day Year / 01 / 22	THROUGH	Month 06 /3	Day Year
ELECTION	Month Day	Year Primary  22 General	Runoff Special	ELECTION TYPE Other Description	30 /22
OFFICE	OFFICE HELD (if any,	County Criminal Court	13 OFFIC	CE SOUGHT (if known)	
POLITICAL	THE CANDIDATE ( OFFI	CE OF POLITICAL CONTRIBUTIONS ACCE	EPTED OR POLITIC	AL EXPENDITURES MADE	BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR RECEIVE NOTICE OF SUPPLIES OF THE
COMMITTIEL(S)	COMMITTEE TYPE	COMMITTEE NAME	TO REPORT THIS IN	FORMATION ONLY IF THEY	BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEDGE OR RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASU	IRER ADDRESS		

	FINANCE REP	OFFICEHOLDE ORT	:K	FORM JC/C
15 JC/OH NAME	udrey Mod	Ovehend	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED	O POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, ( ADE ELECTRONICALLY)	(OTHER THAN	\$ 7
******************	2. TOTAL POLITICAL		S OF LOANS)	\$ 8
EXPENDITURE TOTALS		POLITICAL EXPENDITURE.		\$ 9 1/1 92
	4. TOTAL POLITICAL	EXPENDITURES		\$ 9 21.4. 92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO	ONTRIBUTIONS MAINTAINED AS	OF THE LAST DAY	\$ 8 410 70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AN	MOUNT OF ALL OUTSTANDING I	LOANS AS OF THE	s 102.17
	Please	complete either optic	on below:	
) Affidavit	PAMELA A. DURKE-SWE My Notary ID # 54405	ENEY 79		
NOTARY STAMP/SEAL	Expires February 24, 2			
NOTARY STAMP/SEAL form to and subscribed be 22 to certify when the Control of the	efore me by Audy	ey Moorehead	_(this the _61h	_ day of July
NOTARY STAMP/SEAL form to and subscribed be 22 , to certify when the control of t	efore me by Audro nich, witness my hand and seal of o	e, y Mooveheac office. La A. Durke-Sweet ne of officer administering oath	Elthis the 61h	day of July .  Jotan Public  Title of officer administering oath
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### SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

PROPERTY.	Audrey Moore head 20 Filer ID (Ethics Co					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	AMOUNT				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 97/ 00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s see I				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
D.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
•	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

SCHEDULE F1

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

	merination is not applicable, DO NOT include th	is page in the report.
	EXPENDITURE CATEGORIES	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M. Candidate/Officeholder/P Credit Card Payment	Event Expense Fees Office Or Polling E Gift/Awards/Memorials Expense Legal Services Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor  Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (out of District
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5/22 6 Amount (\$)	North Dalles Texas 7	Democratic Women
Amount (\$)	7 Payee address;	City.
75-	17201 Hidden Gle	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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9 Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder non-	Check if Austin, TX, officeholder living expense  Office sought
experientale to beliefly C	ион	Office held
Date ,	Payee name	
418		Λ Λ Οι
Amount (\$)	- James Indiani Hill	man Cayp. Act Blue
· anount (a)		
100	P.O. BOX 59 W42	Dalles TV 75229
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Date /	Payee name	
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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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	The Instruction Guide explains have to	Expense Travel in District Travel Out Of District Other (enter a category not listed above)
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4 Date 127/22	5 Payee name hotary Club 2 T	)allas
345-00	7 Payee address;  [60] Elm St.	City; State; Zip Code  Dalles Tk 75201
BURGOOT	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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Date	Payee name	
97	National Association	Communa Dedouse LAURANS
Amount (\$)	Payee address;	City: State
1360	1660 L. St. NW, 12th f	lose, Washington, DC 20086
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		The state of the s
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name	Office sought Office held
Date	Payee name Democracy Toolb	Office sought Office held
expenditure to benefit C/O	Payee name	Office sought  Office held  Office held  Office held
Date	Payee name Democracy Toolb	City; State; Zip Code
Date Harmount (\$)	Payee name Democracy Toolb	οχ Cibo
Date	Payee name  Democracy Toolb  Payee address:  8552 Royallowk	OX City; State; Zip Code Downs MCKimey 78070
PURPOSE OF	Payee name  Democracy Toolb  Payee address:  8552 Royallowk	OX City; State; Zip Code Downs MCKimey 78070

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	- Office O	
Accounting/Banking Consulting Expense Contributions/Donations Made B: Candidate/Officeholder/Politica	Event Expense Loan Re Fees Office O	
Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	- Office O	
Candidate/Officeholder/Politica	Food/Payers - F	payment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment 2 Polyment
Credit Card Payment	y Polling F	Expense Travel la Diablet d'April et la Related Exper
		Expense Travel Out Of District
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1	ayee address,	City; State; Zip Code
.55.00	1515 Commerce &	1. Fort Worth TX 76102
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OF EXPENDITURE	Cuent	Event Exp
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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3/00	$\mathcal{T}$	
729	Dalles Box /	1055Cinton
A===+ (0)	- Succession Door F	Association
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expenditure to benefit C/OH		Office sought Office held
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3/9/22	Franka - Pallan	1
. 1100	Texas Bar College	
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	10 00 00 00 00 00 00 00 00 00 00 00 00 0	City; State; Zip Code
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1000	P.O. BOX 12487	Austin, TX 78711
		10/110
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omplete ONLY if direct	Carididate / Officeholder name	06
omplete ONLY if direct spenditure to benefit C/OH	- Tanjo	Office sought Office held

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

penditure to benefit C/OH	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
amplete ONLY	Check if travel outside of Texas. Complete Schedule T.	Check if Austin TX office
PURPOSE OF EXPENDITURE	at the top of this schedule)	Description
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anount (a)	Payee address;	City; State; Zip Code
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Date	Payee name	
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Complete ONLY If direct	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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104-	P. O. BOX 2044	87 Dallas, TK 75222
Amount (\$)	Ivy and team of	
5/9/20	Payee name	8
expenditure to benefit C/O	H Smootholder name	Office sought Office held
Complete ONLY if direct	Condition and outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
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243.40	7 Payee address;  5521 Hamphy B	S 105/14 Service  City; State; Zip Code
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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
Cradit 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 Sataries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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1,000	P.O. BOX 200237	Dalles TX 530
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OF	2922 March Love Category (See Categories listed at the top of this schedule)  Cuthout  Check if travel outside of Texas. Complete Schedule T.	Description
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Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Texas Bay Form  Payee address;  S15 Conquest A	Description  Check if Austin, TX, officeholder living expense  Office sought  Office held  City; State; Zip Code
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OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  4/22  Amount (\$)  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Texas Boy Form  Payee address;  S15 Congress A  Category (See Categories listed at the top of this schedule)  Feel Sparchy	Check if Austin, TX, officeholder living expense  Office sought  Office held  City: State: Zip Code  USAN 7V 78767  Description  Cell
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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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Travel Out Of District Credit Card Payment Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages hedule F1: 2 FILER NAM 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) State; (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Payee name Category (See Categories listed at the top of this schedule) Description **PURPOSE** pursor I wembers Spuzusi / Memberska EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested inf	ormation is not applicable, DO NOT inc	lude this page in the report
	EXPENDITURE CATE	GORIES FOR BOX 8(a)
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( 00 —	Payee address; 1816 12th St. 1	N.W. City; State; Zip Code N.W. State; Zip Code State; Zip Code
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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)

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