

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: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS NICKNAME	FIRST Misti LAST	MI D SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9518 Spring Branch Dallas TX 75238		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 566 - 4836	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Joe LAST	MI SUFFIX Estelle
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6515 Putting Green DR Dallas TX 75232		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 493 - 1045	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 12 / 1 / 2022 THROUGH 1 / 30 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2022	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judge of Dallas County Court at Law #3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

FILED
 2022 JAN 31 PM 12:12
 JOHN F. HARKEN
 COUNTY CLERK
 DALLAS COUNTY
 TEXAS

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 JC/OH NAME <i>Misti Mosteller</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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>16,425</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>30,499.87</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>14,684.59</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>15,000</i>

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.

[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Misti Mosteller*, and my date of birth is *3-22-1972*
 My address is *9518 Springs Branch*, *Dallas*, *TX*, *75238*, *Dallas*.
(street) (city) (state) (zip code) (country)
 Executed in *Dallas* County, State of *TX*, on the *30* day of *January*, 20*22*
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

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

19 FILER NAME <i>Misti Mosteller</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,425
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1500.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 15,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,843.79
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2547.51
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 13,657.08
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**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: <i>1 of 12</i>
2 FILER NAME <i>Misti Mosteller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/20/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Valerie Seale</i>	7 Amount of contribution (\$) <i>\$ 5.00</i>
6 Contributor address; City; State; Zip Code <i>1520 Whispering Trl. Irving TX 75060</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>N/A</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>12/30/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Valerie Seale</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1520 Whispering Trl. Irving TX 75060</i>		
Contributor's principal occupation <i>Retired</i>		Contributor's job title <i>N/A</i>
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)		

Date <i>1/05/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Janine Carley</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>8139 Santa Clara Dallas TX 75218</i>		
Contributor's principal occupation <i>Home maker</i>		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.

**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: 27/12
2 FILER NAME Misti Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Frances Turner	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 11806 Cheswick - Dallas TX 75219		
8 Contributor's principal occupation Designer Firm		9 Contributor's job title Account Executive
10 Contributor's employer/law firm IA Interior Architects		11 Law firm of contributor's spouse (if any) /
12 If contributor is a child, law firm of parent(s) (if any) /		
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Beverly Wilgus	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code 10016 Silvertree Dallas, TX. 75243		
Contributor's principal occupation Retired		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) /		
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Bill McKenna	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 2100 Rebsamen Park Rd AR 72202		
Contributor's principal occupation Retired		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
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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: 3 of 12
2 FILER NAME Misti Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephanie Cleveland	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 6824 Mulhouse Ct. Plano, TX 75024		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Stephanie Cleveland		11 Law firm of contributor's spouse (if any) Baker Hostetler
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Lucinda Doeminy	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 9318 Wildhaven Dr. Dallas TX 75238		
Contributor's principal occupation Nurse		Contributor's job title Nurse
Contributor's employer/law firm Poole Pediatrics		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any) —		
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ SKD Silguero	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 2033 Winter Sunday Way Belinda TX 76012		
Contributor's principal occupation Energy Contracts		Contributor's job title Contract Admin.
Contributor's employer/law firm Tenaska Power Service Co.		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: 4 of 12
2 FILER NAME Misti Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jillian Keith	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Bank of Amer. of 901 Main St #9800 Dallas TX 75202		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Wilson Elser		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 1/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Natalie Dollar	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5809 Lookout Mt. Austin TX 78731		
Contributor's principal occupation Homemaker		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) Wolton Rose Fulbright
If contributor is a child, law firm of parent(s) (if any)		

Date 1/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Phillip Kanayan	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 23923 Gosling Rd #A Spring, TX 77389		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Kerst & Von Oiste		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: 5 of 12
2 FILER NAME Miski Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Law offices of David Weorn	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code 3500 Oak Lawn Ave #110 Dallas, TX 75219		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm David Weorn Law Offices		11 Law firm of contributor's spouse (if any) DeHay + Ellison
12 If contributor is a child, law firm of parent(s) (if any) /		

Date 1/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jennifer Owen	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 6541 Arborist Ln, Dallas TX 75214		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Heigler Allen + Lambert, PC.		Law firm of contributor's spouse (if any) /
If contributor is a child, law firm of parent(s) (if any) /		

Date 1/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Jerry Carlton	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 8115 Preston Rd #600 Dallas, TX 75225		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Palter Sims Murkin 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
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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: <i>6 of 12</i>
2 FILER NAME <i>Misti Musteller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/11/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Suslin Roy</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>4010 Midcoast Trl. Dallas TX 75248</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Cobb Martinney Woodward PLLC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) <i>/</i>		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
<i>1/12/2022</i>	<i>Laura Rahman</i>	<i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>909 Fannin St. #300 Houston TX 77010</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Wilson Esser</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>/</i>		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
<i>1/12/2022</i>	<i>Marvina Walker</i>	<i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>620 Karen St. Waco, TX 76743</i>		
Contributor's principal occupation <i>care giver</i>		Contributor's job title <i>Care giver</i>
Contributor's employer/law firm <i>Iron Mountain</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any) <i>/</i>		

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: 7 of 12
2 FILER NAME Migdi Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/13/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ James Richard Harmon	7 Amount of contribution (\$) \$ 200.00
6 Contributor address; City; State; Zip Code 6521 Ellsworth Dallas TX. 75214		
8 Contributor's principal occupation A Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Thompson Coe		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rachelle Campbell	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4303 Loch Haven Ct. McKinney, TX 75022		
Contributor's principal occupation Professor / Nurse Practitioner		Contributor's job title Adjunct Professor
Contributor's employer/law firm TWU		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sherald Davis	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 3609 Oakwood Dr. Plano, TX. 75025		
Contributor's principal occupation will supplement		Contributor's job title will supplement
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: 8 of 12
2 FILER NAME Misti Musteller		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Edward Slaughter	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address; City; State; Zip Code 2200 Ross Ave. Suite 3200 Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Gordon Rees Scully Mansukhani		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Sennifer Williams	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 7526 Mossridge Cir Dallas, TX 75238		
Contributor's principal occupation Marketing		Contributor's job title Marketing Director
Contributor's employer/law firm Barse Semelby		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 11/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ De Heey + Elliston LLP	Amount of contribution (\$) \$ 5000.00
Contributor address; City; State; Zip Code 901 Main St. Suite 3500 Dallas, TX 75202		
Contributor's principal occupation Law Firm		Contributor's job title Law Firm
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)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 7 of 12
2 FILER NAME Misti Mostelber		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Beth Mostelber	7 Amount of contribution (\$) \$1000.00
6 Contributor address; City; State; Zip Code 5014 Blanchard Dallas, TX 75227		
8 Contributor's principal occupation Retired		9 Contributor's job title N/A
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Apartment Association of Greater Dallas	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 5728 LBJ Freeway #100 Dallas, TX 75240		
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)		
Date 1/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Laycee Clark	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3930 Deep Valley Dr. Dallas, TX 75224		
Contributor's principal occupation Hair Stylist		Contributor's job title Hair Stylist
Contributor's employer/law firm The Collective		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>10 of 12</i>
2 FILER NAME <i>Misti Mosteller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/13/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Valerie Seal</i>	7 Amount of contribution (\$) <i>\$ 2000.00</i>
6 Contributor address; City; State; Zip Code <i>1520 Whispering Trl Dallas TX 75060</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>
10 Contributor's employer/law firm <i>/</i>		11 Law firm of contributor's spouse (if any) <i>/</i>
12 If contributor is a child, law firm of parent(s) (if any) <i>/</i>		
Date <i>1/26/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Wilson Elser Muskowitz Edelman Osher</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>150 East 42nd NY, NY 10017</i>		
Contributor's principal occupation <i>Law Firm</i>		Contributor's job title <i>Law Firm</i>
Contributor's employer/law firm <i>/</i>		Law firm of contributor's spouse (if any) <i>/</i>
If contributor is a child, law firm of parent(s) (if any) <i>/</i>		
Date <i>1/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Missy Heon</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>901 Main St. #3500 Dallas TX 75202</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Partner</i>
Contributor's employer/law firm <i>DeWay & Ellison</i>		Law firm of contributor's spouse (if any) <i>David Heon Law Offices</i>
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 11 of 12
2 FILER NAME Mr. & Mrs. Mosteller		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Renee Haveridge	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 2719 River meadow Arlington TX 76006		
8 Contributor's principal occupation Attorney		9 Contributor's job title Partner
10 Contributor's employer/law firm Perry & Haveridge		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
/		
Date 1/5/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Robin Wheatley	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code 201 Summer Hill Ln Fairview, TX 75069		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Munck Wilson Madala		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
/		
Date 1/29/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Edward Green	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 7432 Wentwood Dr Dallas TX 75225		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Freeman Mills PC		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: <i>12 of 12</i>
2 FILER NAME <i>Misti Mosteller</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nichole Manning</i>	7 Amount of contribution (\$) <i>\$ 15.00</i>
6 Contributor address; City; State; Zip Code <i>3613 Willow Springs McKinney TX 75070</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>unemployed</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> 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)		

Date	Full name of contributor <input type="checkbox"/> 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.

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

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 B(J): <i>1 of 1</i>	
2 FILER NAME <i>Missie Mosteller</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <i>1500</i>	
5 Date <i>12/26/24</i> <i>1/27/22</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deans Stepp Law LLP</i>	8 Amount of Pledge \$ <i>\$1500</i>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <i>225 N. St. Paul, Ste. 1500 Dallas TX 75201</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation <i>LAW FIRM</i>		11 Pledgor's job title <i>LAW FIRM</i>	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor 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.

LOANS (JUDICIAL)

SCHEDULE E(J)

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 E(J): 171
2 FILER NAME Misti Mosteller		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 15,000
5 Date of loan 1/5/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Self	9 Loan Amount (\$) 15,000
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 9518 Spring Branch Dallas TX 75238	10 Interest rate —
		11 Maturity date —
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Partner
14 Lender's Employer/Law Firm De Hoy + Ellisha		15 Law Firm of lender's spouse (if any) Settle Poe
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 | 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: 1 of 7		2 FILER NAME Misti Moslehner		3 Filer ID (Ethics Commission Filers) 1234	
4 Date 1/5/2022		5 Payee name Berry Herring Hayes & ASS.			
6 Amount (\$) 15,000.00		7 Payee address; City; State; Zip Code 633 W. Davis St. Suite 315 Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense		(b) Description Campaign Consultant		
	(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	
Date 1/17/2022		Payee name Walter hand			
Amount (\$) 800.00		Payee address; City; State; Zip Code P.O. Box 180011 Dallas, TX 75218			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense		Description logo + literature Design		
	<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	
Date 1/20/2022		Payee name For Worth Dallas Democrats			
Amount (\$) 425.00		Payee address; City; State; Zip Code P.O. Box 795247 Dallas TX 75379			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Advertising for Voter Guide		
	<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	

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: 297	2 FILER NAME M. Sti Mosteller	3 Filer ID (Ethics Commission Filers) 2772
4 Date 1/29/2022	5 Payee name Interdenominational Ministerial Alliance	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 8350 Forost Ln Dallas TX, 75243	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description AD in IMA Seminar Book
	(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 12/20/2022	Payee name Paypal	
Amount (\$) .63	Payee address; City; State; Zip Code 2211 N First St. San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description paypal Fee
	<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 12/30/2022	Payee name Paypal	
Amount (\$) 3.38	Payee address; City; State; Zip Code 2211 W. First St. San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Paypal 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: 3 of 7	2 FILER NAME Misti Moskeller	3 Filer ID (Ethics Commission Filers) 3277
4 Date 11/5/2022	5 Payee name Paypal	
6 Amount (\$) 85.23	7 Payee address; City; State; Zip Code 2211 N First St, San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Paypal 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
Date 11/6/2022	Payee name Paypal	
Amount (\$) 3.38	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Paypal Fees	Description paypal Fees
	<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 11/7/2022	Payee name Paypal	
Amount (\$) 11.10	Payee address; City; State; Zip Code 2211 N First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Paypal fees
	<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

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: 477	2 FILER NAME Mishi Mosteller	3 Filer ID (Ethics Commission Filers) 477
4 Date 1/10/2022	5 Payee name Paypal	
6 Amount (\$) 7.72	7 Payee address; City; State; Zip Code 2211 N First St. San Jose CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pre Fees	(b) Description paypal 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

Date 4/11/2022	Payee name Paypal	
Amount (\$) 5.32	Payee address; City; State; Zip Code 2211 N First St. San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Paypal Fees
	<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 1/12/2022	Payee name Paypal	
Amount (\$) 5.32	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Paypal fees
	<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

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: 597	2 FILER NAME Misti Mosteller	3 Filer ID (Ethics Commission Filers)
4 Date 1/13/2022	5 Payee name Paypal	
6 Amount (\$) 6.27	7 Payee address; City; State; Zip Code 2211 N First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description paypal 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
Date 1/14/2022	Payee name Paypal	
Amount (\$) 33.38	Payee address; City; State; Zip Code 2211 N First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description paypal fees
	<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 1/15/2022	Payee name Paypal	
Amount (\$) 29.39	Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description paypal fees
	<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

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>6 of 7</i>	2 FILER NAME <i>M. St. Masteller</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/20/2022</i>	5 Payee name <i>Paypal</i>
----------------------------	-------------------------------

6 Amount (\$) <i>1.94</i>	7 Payee address; City; State; Zip Code <i>2211 N. First St. San Jose, CA 95131</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Paypal Fees</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>1/24/2022</i>	Payee name <i>Paypal</i>
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Amount (\$) <i>1.21</i>	Payee address; City; State; Zip Code <i>2211 N. First St. San Jose CA 95131</i>
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Paypal 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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Date <i>1/27/2022</i>	Payee name <i>Paypal</i>
--------------------------	-----------------------------

Amount (\$) <i>7.72</i>	Payee address; City; State; Zip Code <i>2211 N. First St San Jose CA 95131</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>paypal 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: 7 of 17	2 FILER NAME Misti Mosteller	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2022	5 Payee name Paypal	
6 Amount (\$) 83.38	7 Payee address; City; State; Zip Code 2211 W. First St. San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description paypal 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 1/30/2022	Payee name Paypal	
Amount (\$) .92	Payee address; City; State; Zip Code 2211 W. First St. San Jose CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description paypal 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 1/13/2022	Payee name Bank of America	
Amount (\$) 80.75	Payee address; City; State; Zip Code 2211 W. First St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description check order Fee.
	<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: 1/5	2 FILER NAME Micki Mosteller	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 12/27/2022	6 Payee name Anytime Mail	
7 Amount (\$) 134.99	8 Payee address; City; State; Zip Code Bug LLC 2831 St. Rose Pkwy #200 Henderson NV. 89052	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Mail Box Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/20/2021	Payee name Texas Democratic Party	
Amount (\$) 775.00	Payee address; City; State; Zip Code 655 75th St. Suite 650 Washington DC 20005	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Van Vola Database
	<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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: <i>275</i>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/13/2022</i>	6 Payee name <i>Wiy</i>	
7 Amount (\$) <i>133.67</i>	8 Payee address; City; State; Zip Code <i>100 Gansevoort St. New York, NY 10014</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>website reator</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/14/2022</i>	Payee name <i>Wiy</i>	
Amount (\$) <i>3.23</i>	Payee address; City; State; Zip Code <i>100 Gansevoort St. New York, NY 10014</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>website email</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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: <i>3 of 5</i>	2 FILER NAME <i>Misti Mosteller</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/15/2022</i>	6 Payee name <i>Wix</i>	
7 Amount (\$) <i>3.23</i>	8 Payee address; City; State; Zip Code <i>100 Gansevoort St. NY, NY 10014</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>website email</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>1/24/2022</i>	Payee name <i>Wix</i>	
Amount (\$) <i>31.39</i>	Payee address; City; State; Zip Code <i>100 Gansevoort St. NY, NY 10014</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>website update</i>
	<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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: <i>475</i>	2 FILER NAME <i>Mista Mosbeller</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/21/2022</i>	6 Payee name <i>Golden Rule Printing</i>	
7 Amount (\$) <i>866.00</i>	8 Payee address; City; State; Zip Code <i>5401 Davis Blvd. Ft. Worth TX 76180</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>literature print</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

Date <i>1/28/2022</i>	Payee name <i>Dot's Hop House</i>	
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>2645 Commerce St. Dallas, TX. 75226</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Venue deposit for Event</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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: <i>575</i>	2 FILER NAME <i>M. St. Mosteller</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>1/28/2022</i>	6 Payee name <i>East Dallas Democrats</i>	
7 Amount (\$) <i>100.00</i>	8 Payee address; City; State; Zip Code <i>P.O. Box 870283 Mesquite, TX 75150</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising</i>	(b) Description <i>Ad for Big East Voter Guide</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 172	2 FILER NAME M. St. Mobeller	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2021	5 Payee name Berry Herring Hayes & Associates	
6 Amount (\$) 7500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City; State; Zip Code 633 W. Davis Suite 345 Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Fees	(b) Description Campaign Consultant
	(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 12/13/2021	Payee name Dallas County Democratic Party	
Amount (\$) 2500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 N. Washington Ave. Dallas TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	<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 12/27/2021	Payee name Chelse Woods	
Amount (\$) 1,169.57 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1/633 W. Davis Suite 345 Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Candidate Video
	<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 PERSONAL FUNDS

SCHEDULE G

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 G: 172	2 FILER NAME M. Stu Moskeller	3 Filer ID (Ethics Commission Filers)
4 Date 1/20/2022	5 Payee name Visa	
6 Amount (\$) 1050.12 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 790046 St. Louis, Mo. 63179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit card	(b) Description See F4
	(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 1/30/2022	Payee name Visa	
Amount (\$) 1397.39 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 790046 St. Louis, Mo 63179	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card	Description See F4
	<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 1/30/2022	Payee name Master Card	
Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2200 Mastercard Blvd. O'Fallon, Mo 63368	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card	Description See F4
	<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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OUTSTANDING LOANS

SCHEDULE L

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 L: 1
2 FILER NAME M. St. Mosbacher		3 Filer ID (Ethics Commission Filers)
LENDER INFORMATION	4 Name of lender Self	
	5 Lender address; City; State; Zip Code 7518 Spring Branch Dallas TX 75238	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	

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