

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:

36

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST
Audrey

MI
E.

NICKNAME

LAST
Moorehead

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO Box 763984 Dallas Texas 75376

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

929-0662

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST
Audrey

MI

NICKNAME

LAST
Moorehead

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:

CITY:

STATE:

ZIP CODE

133 N. Riverfront, LB 16 Dallas, Texas 75207

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

929-0662

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

01

25

THROUGH

Month

Day

Year

06

30

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11

08

22

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Judge, Dallas County Criminal Court 3

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

OFFICE USE ONLY

Date Received

2025 JUL 14 PM 1:51
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
BY SD
FILED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

Audrey Moorehead

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,225
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	\$ 10,474
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,807
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	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Audrey Moorehead</u>		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)	\$ <u>15,225</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>11,161</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

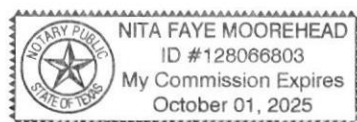
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Audrey Moorehead
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by AUDREY MOOREHEAD this the 7th day of JULY.

20 25, to certify which, witness my hand and seal of office.

Nita Faye Moorehead NITA FAYE MOOREHEAD NOTARY
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 _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Toby Shook	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 2001 Bryan Street Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Principal
10 Contributor's employer/law firm Toby L Shook P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: John Withers Jr	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 4445 Mockingbird Lane Dallas 75205		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Balekian Hayes, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Sema Garrett	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 3206 Oak Bourne Arlington TX 76010		
Contributor's principal occupation Attorney		Contributor's job title Principal/owner
Contributor's employer/law firm Garrett Law Office		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: 2718
2 FILER NAME: Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Alison Battiste Clement	7 Amount of contribution (\$) 100-
6 Contributor address; City; State; Zip Code 1412 Sylvan Dallas TX 75208		
8 Contributor's principal occupation Attorney		9 Contributor's job title Principal/owner
10 Contributor's employer/law firm Battiste Clement PUC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ J Craig Jett	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 900 Jackson St. Suite 330 Dallas TX 75202		
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)		

Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Reed Prospere	Amount of contribution (\$) \$150-
Contributor address; City; State; Zip Code 8111 Preston Rd #500 Dallas TX 75225		
Contributor's principal occupation Attorney		Contributor's job title Attorney At Law
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: 3818
2 FILER NAME Audrey Meershead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Chris Deal	7 Amount of contribution (\$) 100-
6 Contributor address; City; State; Zip Code 1024 Camphor Hickory Creek TX 75085		
8 Contributor's principal occupation Drug Testing		9 Contributor's job title Owner
10 Contributor's employer/law firm Deal-National Drug Screening		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/4	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Terri Hodge	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 7106 Abrams Dallas TX 75231		
Contributor's principal occupation Retired		Contributor's job title
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)		

Date 6/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Daniel Clancy	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code		
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)		

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: 4 of 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/25	5 Full name of contributor David Reyna <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 1018 Anita Dr Arlington TX 76012		
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 6/5/25	Full name of contributor Anthony Lyons <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 1000-
Contributor address; City; State; Zip Code 320 S. R L Thornton #300 Dallas, TX 75203		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Offices of Anthony Lyons		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 6/4/25	Full name of contributor Kris Balekian Hayes <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 4144 N Central Dallas TX 75204		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Balekian Hayes 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: 5 of 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jeanne Depula	7 Amount of contribution (\$) 750
6 Contributor address; City; State; Zip Code 4434 Rawlins Dallas TX 75219		
8 Contributor's principal occupation Real Estate Agent		9 Contributor's job title Agent
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 6/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Albert Black, Jr.	Amount of contribution (\$) 15,000.00
Contributor address; City; State; Zip Code 751 Kessler Lake Drive Dallas 75208		
Contributor's principal occupation Executive/Philanthropist		Contributor's job title Former CEO ON TARGET
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	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.

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: 6918
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers) 691
4 Date 5/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Andy Jones	7 Amount of contribution (\$) 100-
6 Contributor address; City; State; Zip Code 12561 Prescott Place Farmers Branch TX 75234		
8 Contributor's principal occupation Attorney		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Sawicki Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Kent	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 6 Twin Bridge Ct. Dallas TX 75248		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm I-acre		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Tim Sexton	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 9930 Donegal Drive Dallas		
Contributor's principal occupation Real Estate Management		Contributor's job title Real Estate Management
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: 7018
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Chelsea Hilliard	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 4215 Travis Street Dallas		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm McGuire Woods		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Raymond Hindrich	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 304 West Twelfth Street Dallas TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hindrich Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Sarah Keathley	Amount of contribution (\$) 500-
Contributor address; City; State; Zip Code 412 W. 3rd Corsicana TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Keathley & Keathley		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: 8918
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Adam Seidel	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 6243 Velasco Ave Dallas TX		
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 5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Charles Maduka	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 3917 W. Sublett Road Arlington TX		
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 5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Clifton Miller	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 30 Meadowbrook Lane Trophy Club		
Contributor's principal occupation Management Consultant		Contributor's job title Consultant
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.

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: 9218
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jim Burnham	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 6116 N. Central Expressway Suite 515		
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 5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Russell Wilson	Amount of contribution (\$) 1000-
Contributor address; City; State; Zip Code 1910 Pacific Ave #12050 Dallas TX		
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)		
Date 5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Rick Krause	Amount of contribution (\$) 500-
Contributor address; City; State; Zip Code 7735 Mullrany Drive Dallas TX		
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)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 ANJ1: 10 3 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Krisi Kastl	7 Amount of contribution (\$) 2500-
6 Contributor address; City; State; Zip Code 4144 N. Central Expressway #1000		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Kastl Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 5/26	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Andrew Tolchin	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 1590 Bayou River Court Houston		
Contributor's principal occupation Mediation		Contributor's job title Mediator/Attorney
Contributor's employer/law firm TTC Mediation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/28	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Sean Daredia	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 3733 Crossbow Drive Frisco, TX		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Sean Daredia Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 11918
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 5/29	5 Full name of contributor Brandy Voss <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 3017 Scenic Way Apt McAllen, TX		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Offices of Brandy Voss		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/2	Full name of contributor Michael Hurst <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 2100 Ross Avenue Suite 2100 Dallas		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Lynn Pinker Hurst		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/3	Full name of contributor Gaytha Davis <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 2411 Creekglen Drive Dallas TX		
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)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 (1): 12/18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/3	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Heather Barbieri	7 Amount of contribution (\$) 1500-
6 Contributor address; City; State; Zip Code 17 Cowboys Way Suite 175 Dallas TX		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney/Principal
10 Contributor's employer/law firm Barbieri Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/3	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Raymond Hindieh	Amount of contribution (\$) 300-
Contributor address; City; State; Zip Code 304 W. 12th Street Dallas, TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Hindieh Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/3	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Victoria Walton	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 3773 Cripple Creek Dallas TX		
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)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 13918
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Martin Lowy	7 Amount of contribution (\$) 100-
6 Contributor address; City; State; Zip Code 7793 Royall Lane Dallas, TX		
8 Contributor's principal occupation Retired		9 Contributor's job title
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 6/4	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Terry Bently Hill	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 3131 McKinney, Suite 800 Dallas TX		
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 6/4	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Aubrey Pittman	Amount of contribution (\$) 2,500
Contributor address; City; State; Zip Code 901 Main Street, Suite 3670 Dallas TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Pittman 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.

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: 14 of 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/4	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Koi Lomas	7 Amount of contribution (\$) 100-
6 Contributor address; City; State; Zip Code 1136 Sutton Place Desoto TX		
8 Contributor's principal occupation Attorney		9 Contributor's job title Lawyer
10 Contributor's employer/law firm McKesson		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/4	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Stephen Jones	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 7715 Oak Garden Trail Dallas TX 75203		
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)		
Date 6/4	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Heath Harris	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 8611 Quicksilver Dallas TX		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Heath Harris		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.		

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: 15918
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/5	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Colleen Martin	7 Amount of contribution (\$) 25-
6 Contributor address; City; State; Zip Code 7805 La Manga Drive Dallas TX		
8 Contributor's principal occupation Director		9 Contributor's job title Director of Development
10 Contributor's employer/law firm Well Commercial		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 6/5	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Samuel Prince	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 1616 Clemson Court Plano TX		
Contributor's principal occupation Development Director		Contributor's job title Director of Development
Contributor's employer/law firm Legal Holdings Northwest Texas		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jenny Womack	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 15745 Overmead Circle Dallas TX 75348		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Jenny Womack Law		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.

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: 16 of 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: AL Ellis	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 3811 Turtle Creek 1400 Dallas TX 75218		
8 Contributor's principal occupation Attorney		9 Contributor's job title Of Counsel
10 Contributor's employer/law firm Sommermons Quesada		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 6/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Stephanie Hawthorne	Amount of contribution (\$) 1000-
Contributor address; City; State; Zip Code 6106 Sea Island Trail Arlington TX		
Contributor's principal occupation Retired Educator		Contributor's job title Managing Director
Contributor's employer/law firm Dallas Black Academy of Arts & Letters		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/20	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Cade Browning	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 501 Graham Street Tuscola TX 79582		
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)		

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 17318
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Kenneth Weatherspoon	7 Amount of contribution (\$) 150-
6 Contributor address; City; State; Zip Code 1700 Pacific Ave. Suite 2240 Dallas		
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 6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Dan Michalk	Amount of contribution (\$) 500-
Contributor address; City; State; Zip Code 3014 Majesty Row Spring, TX 77380		
Contributor's principal occupation Waterway Financial Planner		Contributor's job title Financial Planner
Contributor's employer/law firm Waterway		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: John Gussio	Amount of contribution (\$) 500-
Contributor address; City; State; Zip Code 3412 Mockingbird Lane Dallas TX 75205		
Contributor's principal occupation Self Employed Attorney		Contributor's job title Self Employed
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: 18 of 18
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 6/30	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Dave Wishnew	7 Amount of contribution (\$) 8500
6 Contributor address; City; State; Zip Code 1700 Pacific Avenue Dallas TX 75201		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Crawford, Wishnew & Lang PLLC		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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 4		2 FILER NAME Andrey Moorehead		3 Filer ID (Ethics Commission Filers)	
4 Date: 6/1/25		5 Payee name Access Self Storage			
6 Amount (\$): 183-		7 Payee address; City: 3714 Mann Dune State: Dallas TX Zip Code: 75232			
PURPOSE OF EXPENDITURE	8 (a) Category (See Categories listed at the top of this schedule) Rental Expense		(b) Description Storage		
	(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					
Date: 6/4		Payee name Texas Criminal Defense Lawyers Association			
Amount (\$): 8224-		Payee address; City: 6808 Hill Meadow Dr. State: Austin, TX Zip Code: 78760			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 6/5		Payee name National Bar Association			
Amount (\$): \$275-		Payee address; City: 1816 12th Street NW State: 4th floor Washington D7 Zip Code: 20009			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees / Dual		
	<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					
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: 224	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date: 6/2	5 Payee name Dallas Bar Association	
6 Amount (\$) 905-	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) Event Expense	(b) Description Dallas Bar Event
	(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 6/2	Payee name Rotary Club of Dallas	
Amount (\$) \$ 600-	Payee address; City; State; Zip Code 3000 Pegasus Park Dr Suite 1330 Dallas TX 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 6/3	Payee name American Bar Association	
Amount (\$) 355	Payee address; City; State; Zip Code 321 N. Clark Street 20th Floor Chicago IL 60654	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Membership Fees	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 <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
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: 3 of 4	2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)										
4 Date 6/5	5 Payee name Tony Grimes Photography												
6 Amount (\$) 350-	7 Payee address; City; State; Zip Code P.O. Box 166176 Irving TX 75016												
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event expense										
	(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													
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Date 6/5</td> <td style="width:80%; border: none;">Payee name Democracy Toolbox</td> </tr> <tr> <td style="border: none;">Amount (\$) 2,800-</td> <td style="border: none;">Payee address; City; State; Zip Code P.O. Box 6250 McKinney TX 75071</td> </tr> <tr> <td style="border: none; vertical-align: middle; text-align: center;">PURPOSE OF EXPENDITURE</td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Campaign Expense</td> <td style="width:50%; border: none;">Description Consulting</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>				Date 6/5	Payee name Democracy Toolbox	Amount (\$) 2,800-	Payee address; City; State; Zip Code P.O. Box 6250 McKinney TX 75071	PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Campaign Expense</td> <td style="width:50%; border: none;">Description Consulting</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Campaign 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	
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<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense													
<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Date 6/6/25</td> <td style="width:80%; border: none;">Payee name Top Ladies of Distinction, Inc</td> </tr> <tr> <td style="border: none;">Amount (\$) \$765</td> <td style="border: none;">Payee address; City; State; Zip Code P.O. Box 205237 Dallas, TX 75320</td> </tr> <tr> <td style="border: none; vertical-align: middle; text-align: center;">PURPOSE OF EXPENDITURE</td> <td style="border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Advertising/Sponsorship</td> <td style="width:50%; border: none;">Description Sponsorship</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>				Date 6/6/25	Payee name Top Ladies of Distinction, Inc	Amount (\$) \$765	Payee address; City; State; Zip Code P.O. Box 205237 Dallas, TX 75320	PURPOSE OF EXPENDITURE	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Category (See Categories listed at the top of this schedule) Advertising/Sponsorship</td> <td style="width:50%; border: none;">Description Sponsorship</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>	Category (See Categories listed at the top of this schedule) Advertising/Sponsorship	Description Sponsorship	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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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: 4 of 4	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 6/13	5 Payee name Domain.com	
6 Amount (\$) 99-	7 Payee address; City; State; Zip Code 13115 N.E. Fourth Street, Suite 240, Vancouver WA 98684	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Exp	(b) Description Advertising Exp
	(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 6/30/25	Payee name Audrey Moorehead	
Amount (\$) 13161-	Payee address; City; State; Zip Code P.O. Box 763984 Dallas TX 75376	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment	Description Loan Repayment
	<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 6/30/25	Payee name Donor boy	
Amount (\$) 757.00	Payee address; City; State; Zip Code 1520 Bellevue #4106 Alexandria VA 22307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	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 <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
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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10	Audrey Moorehead		
4 Date	5 Payee name		
1/1	Access Self Storage		
6 Amount (\$)	7 Payee address; City: State: Zip Code		
183	3714 Marvin D Love Fwy Dallas TX 75376		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Storage Rental		Rental Storage
	<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 Payee name			
1/10	Texas Aggie Bar Association		
Amount (\$)	Payee address; City: State: Zip Code		
225	# 323 6837 Camp Bowie Fort Worth TX 76116		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Fees		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 Payee name			
1/5/25	Democracy Toolbox		
Amount (\$)	Payee address; City: State: Zip Code		
500	P.O. Box 6250 Dallas TX 75071		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Consulting		Campaign
	<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

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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: 2 of 10	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)																																			
4 Date 1/15/25	5 Payee name Democracy Toolbox																																				
6 Amount (\$) 375 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 6250 McKinney TX 75001																																				
8 PURPOSE OF EXPENDITURE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(a) Category (See Categories listed at the top of this schedule) Event Sponsorship</td> <td style="width:50%; vertical-align: top;">(b) Description Event Sponsorship</td> </tr> <tr> <td style="vertical-align: top;">(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> <td style="vertical-align: top;"><input type="checkbox"/> Check if Austin, TX, officeholder living expense</td> </tr> </table>		(a) Category (See Categories listed at the top of this schedule) Event Sponsorship	(b) Description Event Sponsorship	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense																															
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 3810	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 2/3	5 Payee name Dallas Women Lawyers Foundation	
6 Amount (\$) 212 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 700353 Dallas TX 75370	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Sponsorship	(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 2/7	Payee name Tarrant County Bar Association	
Amount (\$) 115 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1315 Calhoun St. Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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 G: 4310	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/25	5 Payee name North Texas State Criminal Law Inst & Court	
6 Amount (\$) - 400 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 133 Riverfront, Dallas TX 75201 P.O. Box 763884, Dallas, TX 75377	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Members Fees	(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		
Date 2/28/25	Payee name Wells Fargo	
Amount (\$) - 10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 5801 City: State: Zip Code: 75230 Marvin D. Lone Fry Dallas, TX 75376	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date 4/19	Payee name UNTD Deans Fund	
Amount (\$) - 625 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 106 S. Harwood Dallas TX 75201 City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 5810	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 3/1	5 Payee name Access Self Storage	
6 Amount (\$) 183-	7 Payee address; 3714	City; State; Zip Code Marvin D. Lone Fwy Dallas TX 75232
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental - Storage	(b) Description Storage
	(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 3/12	Payee name Aggre Bar Association	
Amount (\$) 60	Payee address; 6387 Camp Bowie #323	City; State; Zip Code Fort Worth TX 76116
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 3/3/16	Payee name Amen Can Bar Association Foundation	
Amount (\$) 300	Payee address; 750 N. Lakeshore Drive	City; State; Zip Code Chicago IL 60611
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	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 PERSONAL FUNDS

SCHEDULE G

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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 G: 6 of 10		2 FILER NAME: Audrey Mourshead		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/30		5 Payee name: National Bar Association			
6 Amount (\$): 514 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 1816 12th St N.W.		City: 4th Floor Washington DC	State: 20009
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Expenses - Event		(b) Description: Event Exp.		
	(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: 3/31/15		Payee name: Wells Fargo			
Amount (\$): 10 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 5801		City: Marvin D. Cone Fwy Dallas TX	State: 75231
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Banking Expense		Description: Banking Expense		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date: 3/31/15		Payee name: United States Postal Service			
Amount (\$): 225 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: P.O. Box 763984 Dallas, TX		City: 75376	State: 75376
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Annual Fees		Description: Annual Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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SCHEDULE G

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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 G: 7910	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/25	5 Payee name Access Self Storage	
6 Amount (\$) 183 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3714 Mann D. Lane Fwy Dallas TX 75232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Storage Rental	(b) Description Storage Rental
	(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 4/1/25	Payee name Democrat Tool box	
Amount (\$) 375 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 6250 McKinney TX 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Planning	Description Event Planning
	<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 4/7/25	Payee name Dallas Democratic Party	
Amount (\$) 500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1414 Washington, Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Sponsorship	Description Event 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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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 G: 8810	2 FILER NAME Natalie Real Institute	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/25	5 Payee name Access Self Storage	
6 Amount (\$) 183 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 3714 Duplicate Marrn D Lone Dallas TX 75282	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental	(b) Description Rental Exp
	(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 4/7	Payee name Dallas Summit	
Amount (\$) 460 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 11223 Park Central Place Dallas TX 75220	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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 4/30	Payee name Wells Fargo	
Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 5801 Marrn D. Lone Fwy Dallas TX 75236	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank 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

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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 G: <div style="font-size: 1.5em;">9810</div>	2 FILER NAME <div style="font-size: 1.2em;">Audrey Moorehead</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">4/18</div>	5 Payee name <div style="font-size: 1.2em;">National Bar Institute</div>	
6 Amount (\$) <div style="font-size: 1.2em;">100</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1816 12th Street N.W. Washington, D.C. 20009</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising</div>	
	(b) Description <div style="font-size: 1.2em;">AD</div>	
(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 <div style="font-size: 1.2em;">4/18</div>	Payee name <div style="font-size: 1.2em;">Texas Criminal Defense Lawyers Association</div>	
Amount (\$) <div style="font-size: 1.2em;">188</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">6808 Hill Meadow Drive Austin TX 78736</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event</div>	
	Description <div style="font-size: 1.2em;">Event</div>	
<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 <div style="font-size: 1.2em;">4/22</div>	Payee name <div style="font-size: 1.2em;">University of North Texas College of Law</div>	
Amount (\$) <div style="font-size: 1.2em;">250</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">106 S. Harwood Dallas TX 75201</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Sponsorship</div>	
	Description <div style="font-size: 1.2em;">Sponsorship</div>	
<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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Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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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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1 Total pages Schedule G: <u>10 9 10</u>	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <u>5/1</u>	5 Payee name <u>Access Self Storage</u>		
6 Amount (\$) <u>183</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>3714 Marlin D. Love Fwy Dallas TX 75376</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Storage Rental</u>		(b) Description <u>Storage Rental</u>
	(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 <u>5/4</u>	Payee name <u>State Bar of Texas</u>		
Amount (\$) <u>343</u> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1414 Colorado Austin, TX</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees/Dues</u>		Description <u>Fees/Dues</u>
	<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 <u>5/31</u>	Payee name <u>Wells Fargo</u>		
Amount (\$) <u>10</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>5801 Marvin D. Love Dallas TX 75232</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Fees / Banking</u>
	<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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