

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: 25			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Audrey		FIRST	MI			
	NICKNAME Moorehead		LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 763984 Dallas Texas 75376						
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (214)	PHONE NUMBER 929-0662	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Toby		FIRST	MI			
	NICKNAME Shook		LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 2001 Bryan Street Suite 1905						
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 850-9229	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 07	Day 01	Year 25	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 03 Day 03 Year 26	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other General <input type="checkbox"/> Special		ELECTION TYPE _____ _____ _____			
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.						
Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____				

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

Audrey Moorehead

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)

\$ 9,950-

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 17,622⁸⁴

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

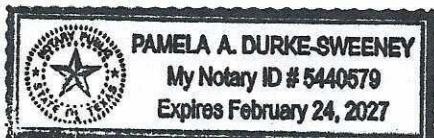
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Audrey Moorehead

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Audrey Moorehead this the 14th day of January,

20 24, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Signature of Candidate/Officeholder (Declarant)

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	\$ 9,950	
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	\$ 17,622.04	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <u>9</u>
2 FILER NAME <u>Audrey Moorehead</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/25/25</u>	5 Full name of contributor <u>Jeff Rosenfield</u> <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <u>100-</u>
6 Contributor address; <u>7812 Glenneagle, Dallas TX 75248</u> City; State; Zip Code		
8 Contributor's principal occupation <u>Retired/Visiting Judge</u>		9 Contributor's job title <u>Visiting Judge</u>
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 <u>11/2/25</u>	Full name of contributor <u>Emile Bolden</u> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>250-</u>
Contributor address; <u>2200 Russ Dallas TX 75201</u> City; State; Zip Code		
Contributor's principal occupation <u>Lawyer</u>		Contributor's job title <u>Lawyer</u>
Contributor's employer/law firm <u>Troutman</u>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <u>11/11/25</u>	Full name of contributor <u>Myra McIntosh</u> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <u>250-</u>
Contributor address; <u>2914 Canada Dr Dallas TX 75221</u> City; State; Zip Code		
Contributor's principal occupation <u>Lawyer</u>		Contributor's job title <u>Lawyer</u>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <u>9</u>
2 FILER NAME <u>Audrey Moorehead</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/14/25</u>	5 Full name of contributor <u>Chelsea Hilliard</u> <input type="checkbox"/> out-of-state PAC ID#:	6 Contributor address: <u>2601 Olive Dallas TX 75201</u> City: _____ State: _____ Zip Code: _____
7 Amount of contribution (\$)		<u>250</u>
8 Contributor's principal occupation <u>Attorney</u>		9 Contributor's job title <u>Attorney</u>
10 Contributor's employer/law firm <u>McGuire Woods</u>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <u>1/14/25</u>	Full name of contributor <u>Sarah Keathley</u> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address: <u>412 W. 3rd Corsicana TX 75110</u>	City: _____ State: _____ Zip Code: _____	<u>500</u>
Contributor's principal occupation <u>Attorney</u>	Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Keathley Law Office P.C.</u>	Law firm of contributor's spouse (if any) <u>Same</u>	
If contributor is a child, law firm of parent(s) (if any)		

Date <u>1/15/25</u>	Full name of contributor <u>Sherral Jones</u> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address: <u>1516 Hollow Oak Dr. Dallas TX 75115</u>	City: _____ State: _____ Zip Code: _____	<u>50</u>
Contributor's principal occupation <u>Human Resources</u>	Contributor's job title <u>HR Executive</u>	
Contributor's employer/law firm <u>Department of N/A</u>	Law firm of contributor's spouse (if any) <u>N/A</u>	
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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2 FILER NAME <i>Audrey Moorehead</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/16/25</i>	5 Full name of contributor <i>Barbara Lynn</i>	6 Contributor address; <i>1918 Olive St. Dallas TX 75201</i>
	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <i>250 -</i>
8 Contributor's principal occupation <i>Lawyer</i>		9 Contributor's job title <i>Lawyer</i>
10 Contributor's employer/law firm <i>Lynn Pinker</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>11/16/25</i>	Full name of contributor <i>Krisi Kastl</i>	Amount of contribution (\$) <i>2,500</i>
	<input type="checkbox"/> out-of-state PAC ID#:	
Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Kastl Law P.C.</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

Date <i>11/18/25</i>	Full name of contributor <i>Robert Gregg</i>	Amount of contribution (\$) <i>250 -</i>
	<input type="checkbox"/> out-of-state PAC ID#:	
Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Robert Gregg Law</i>	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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2 FILER NAME <u>Audrey Moorehead</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/18/25</u>	5 Full name of contributor <u>Stephanie Hawthorne</u> <input type="checkbox"/> out-of-state PAC ID# _____	7 Amount of contribution (\$) <u>1,000</u>
6 Contributor address; <u>6106 Sea Island Arlington</u> City: _____ State: _____ Zip Code _____		9 Contributor's job title <u>Managing Director</u>
8 Contributor's principal occupation <u>Executive Mgmt</u>		10 Contributor's employer/law firm <u></u>
11 Law firm of contributor's spouse (if any) <u></u>		12 If contributor is a child, law firm of parent(s) (if any) <u></u>
Date <u>11/18/25</u> Full name of contributor <u>David Kent</u> <input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) <u>100</u>
Contributor address; <u>4 Twin Bridge Ct. Dallas TX 75248</u> City: _____ State: _____ Zip Code _____		Contributor's job title <u>Lawyer</u>
Contributor's principal occupation <u>Lawyer</u>		Contributor's employer/law firm <u>Faegre Drinker</u>
Contributor's job title <u>Lawyer</u>		Law firm of contributor's spouse (if any) <u></u>
If contributor is a child, law firm of parent(s) (if any) <u></u>		
Date <u>11/18/25</u> Full name of contributor <u>Johnny Lanzillo</u> <input type="checkbox"/> out-of-state PAC ID# _____		Amount of contribution (\$) <u>50</u>
Contributor address; <u>529 Salem Richardson TX 75080</u> City: _____ State: _____ Zip Code _____		Contributor's job title <u>Lawyer</u>
Contributor's principal occupation <u>Lawyer</u>		Contributor's employer/law firm <u>Crowder Law Firm</u>
Contributor's job title <u>Lawyer</u>		Law firm of contributor's spouse (if any) <u></u>
If contributor is a child, law firm of parent(s) (if any) <u></u>		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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1 Total pages Schedule A(J)1: 9

2 FILER NAME		Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:		7 Amount of contribution (\$)
11/19/25	Deandra Grant	City:	State: Zip Code	250
6 Contributor address;		8 Contributor's principal occupation		
3300 Oak Lawn Dallas TX 75219		Lawyer		
10 Contributor's employer/law firm		9 Contributor's job title		
Deandra Grant Law		Lawyer		
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 (\$)	
11/19/25	Thomas Wynne		500	
Contributor address:	City:	State: Zip Code		
1845 Woodall Rogers #1500 Dallas TX 75201				
Contributor's principal occupation		Contributor's job title		
Lawyer		Lawyer		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
Miller Wynne				
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 (\$)	
11/19/25	Andrew See		250	
Contributor address:	City:	State: Zip Code		
8150 N Central Exp Dallas TX 75206				
Contributor's principal occupation		Contributor's job title		
Lawyer		Lawyer		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
The See Firm				
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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2 FILER NAME <i>Audrey Moorehead</i>		3 Filer ID (Ethics Commission Filers)																
4 Date <i>11/19/25</i>	5 Full name of contributor <i>Appresha Huff</i>	6 Contributor address; City; State; Zip Code <i>924 S. Clinton Dallas TX 75208</i>																
7 Amount of contribution (\$) <i>50</i>																		
8 Contributor's principal occupation <i>Law Student</i>		9 Contributor's job title <i>3L</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)																		
<table border="1"> <tr> <td>Date <i>11/19/25</i></td> <td>Full name of contributor <i>Patrick McClain</i></td> <td>□ out-of-state PAC ID# <i>970 Mobley Rd Cedar Hill TX 75104</i></td> <td>Amount of contribution (\$) <i>100</i></td> </tr> <tr> <td>Contributor's principal occupation <i>Lawyer</i></td> <td>Contributor's job title <i>Lawyer</i></td> <td></td> <td></td> </tr> <tr> <td>Contributor's employer/law firm <i>Law office of Patrick McClain</i></td> <td>Law firm of contributor's spouse (if any)</td> <td></td> <td></td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>11/19/25</i>	Full name of contributor <i>Patrick McClain</i>	□ out-of-state PAC ID# <i>970 Mobley Rd Cedar Hill TX 75104</i>	Amount of contribution (\$) <i>100</i>	Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>			Contributor's employer/law firm <i>Law office of Patrick McClain</i>	Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/19/25</i>	Full name of contributor <i>Patrick McClain</i>	□ out-of-state PAC ID# <i>970 Mobley Rd Cedar Hill TX 75104</i>	Amount of contribution (\$) <i>100</i>															
Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>																	
Contributor's employer/law firm <i>Law office of Patrick McClain</i>	Law firm of contributor's spouse (if any)																	
If contributor is a child, law firm of parent(s) (if any)																		
<table border="1"> <tr> <td>Date <i>11/19/25</i></td> <td>Full name of contributor <i>Adam Seidel</i></td> <td>□ out-of-state PAC ID# <i>6943 Velasco Dallas TX 75214</i></td> <td>Amount of contribution (\$) <i>250</i></td> </tr> <tr> <td>Contributor's principal occupation <i>Lawyer</i></td> <td>Contributor's job title <i>Lawyer</i></td> <td></td> <td></td> </tr> <tr> <td>Contributor's employer/law firm <i>Adam L. Seidel, P.C.</i></td> <td>Law firm of contributor's spouse (if any)</td> <td></td> <td></td> </tr> <tr> <td colspan="4">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <i>11/19/25</i>	Full name of contributor <i>Adam Seidel</i>	□ out-of-state PAC ID# <i>6943 Velasco Dallas TX 75214</i>	Amount of contribution (\$) <i>250</i>	Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>			Contributor's employer/law firm <i>Adam L. Seidel, P.C.</i>	Law firm of contributor's spouse (if any)			If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/19/25</i>	Full name of contributor <i>Adam Seidel</i>	□ out-of-state PAC ID# <i>6943 Velasco Dallas TX 75214</i>	Amount of contribution (\$) <i>250</i>															
Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>																	
Contributor's employer/law firm <i>Adam L. Seidel, P.C.</i>	Law firm of contributor's spouse (if any)																	
If contributor is a child, law firm of parent(s) (if any)																		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME

Audrey Moorehead

1 Total pages Schedule A(J)1: **9**

4 Date

11/19

5 Full name of contributor

Brady Wyatt

out-of-state PAC ID#:

6 Contributor address:

3300 Oaklawn Suite 600 Dallas TX 75299

City:

State:

Zip Code

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

500-

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Lawyer

10 Contributor's employer/law firm

Law Office of Brady T Wyatt

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

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

Date

11/19

Full name of contributor

out-of-state PAC ID#:

Taylor Johnson

Amount of contribution (\$)

500-

Contributor address:

900 Jackson St #650 Dallas TX 75202

City:

State:

Zip Code

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Taylor R Johnson Attorney at Law

Law firm of contributor's spouse (if any)

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

Date

11/19/65

Full name of contributor

out-of-state PAC ID#:

Gregg Gallian

Amount of contribution (\$)

500-

Contributor address:

City:

State:

Zip Code

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Gallian Firm

Law firm of contributor's spouse (if any)

Same

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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2 FILER NAME		1 Total pages Schedule A(J)1: 9	
Audrey Moorehead		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	
11/9/25	Thomas R. Cox	P.O. Box 192198 Dallas TX 75219	
7 Amount of contribution (\$)		1,000	
8 Contributor's principal occupation		9 Contributor's job title	
Lawyer		Lawyer	
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)	
Self			
12 If contributor is a child, law firm of parent(s) (if any)			
Date		Full name of contributor	
11/9/25		George R. Milner, III	
Contributor address; City; State; Zip Code		1845 Woodall Rodgers Dallas TX 75201	
Amount of contribution (\$)		250	
Contributor's principal occupation		Contributor's job title	
Lawyer		Lawyer	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Milner Wayne			
If contributor is a child, law firm of parent(s) (if any)			
Date		Full name of contributor	
11/9/25		Jim Burnham	
Contributor address; City; State; Zip Code		3800 Oaklawn Sub 600 Dallas TX 75219	
Amount of contribution (\$)		250	
Contributor's principal occupation		Contributor's job title	
Lawyer		Lawyer	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Jim Burnham Attorney at Law			
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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2 FILER NAME		1 Total pages Schedule A(J)1: 9
4 Date 11/19/65 5 Full name of contributor Audrey Moorehead <input type="checkbox"/> out-of-state PAC ID#:		3 Filer ID (Ethics Commission Filers)
6 Contributor address; Martin Lenoir 3360 Oaklawn Suite 600 Dallas TX 75219		7 Amount of contribution (\$) 250
8 Contributor's principal occupation Lawyer		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Law Office of Martin Lenoir		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/65 Full name of contributor Le Shendria Jefferson <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) 250
Contributor address; 1801 N Greenville #3356 Richardson TX 75081 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)		
Date 11/19/65 Full name of contributor Le Shendria Jefferson <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) 250
Contributor address; 1801 N Greenville #3356 Richardson TX 75081 Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

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: 13	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)	
4 Date 7/21/25	5 Payee name Access Self Storage		
6 Amount (\$) 195-	7 Payee address: 3427 Marvin D. Love Dallas TX 75224	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental	(b) Description Rental - 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	Candidate / Officeholder name	Office sought	Office held
Date 7/7/25	Payee name Texas Criminal Defense Lawyer Education Institute		
Amount (\$) 750	Payee address: 6808 Hill Meadow Austin TX 78736	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
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 7/21/25	Payee name North Texas State Criminal Law Inn		
Amount (\$) 440-	Payee address: P.O. Box 763984 Dallas TX 75370	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dues	Description Dues	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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: 13	2 FILER NAME Moorehead	3 Filer ID (Ethics Commission Filers)	
4 Date 7/30/25	5 Payee name Democracy Toolbox		
6 Amount (\$) 2,800-	7 Payee address; P.O. Box 6250 McKinney TX 75071 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/4/25	Payee name Dallas Bar Association		
Amount (\$) 250	Payee address; 2101 Ross Ave Dallas TX 75201 <input type="checkbox"/> Check if individual's residence address.	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/8/25	Payee name Texas Center for The Judiciary		
Amount (\$) 85-	Payee address; 1210 San Antonio Austin TX 78701 <input type="checkbox"/> Check if individual's residence address.	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
8/18/25	Democracy Toolbox		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
365.66	P.O. Box 6250	McKinney, TX 75071	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Consulting/Printing	Printing	
(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	Payee name		
8/18/25	National Association of Criminal Defense Lawyers		
Amount (\$)	Payee address:	City; State; Zip Code	
224-	1660 L. St. NW #12	Washington DC	20036
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	dws	dues/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		
8/19/25	Top Ladies of Distinction		
Amount (\$)	Payee address:	City; State; Zip Code	
414-	P.O. Box 200237	Dallas	TX 75230
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Dues	Dues/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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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: 13	2 FILER NAME Moorehead	3 Filer ID (Ethics Commission Filers)	
4 Date 8/25/25	5 Payee name Dallas Democratic Party Act Blue		
6 Amount (\$) 250	7 Payee address; 1414 N Washington Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution / Event	(b) Description 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 9/2/25	Payee name Texas Center for the Judiciary		
Amount (\$) 35-	Payee address; 1210 San Antonio Austin TX 78736 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office holder	Description Officeholder	
	<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 9/4	Payee name Texas Center for the Judiciary		
Amount (\$) 30	Payee address; 1210 San Antonio Austin TX 78736 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office holder	Description Office holder	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
B	Moorehead		
4 Date	5 Payee name		
9/5/25	Reilly Echoes		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
750	1710 S. Harwood	Dallas TX 75210	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing	Printing	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/5/25	Community Corrections Improvement Foundation		
Amount (\$)	Payee address;	City; State; Zip Code	
250	133 N. Riverfront	CB14 Dallas TX 75207	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Advertising/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		
9/10/25	Legal Aid of Northwest Texas		
Amount (\$)	Payee address;	City; State; Zip Code	
261	901 N McDonald St, Suite 702 McKinney TX 75069		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Sponsorship	Advertising	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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: <i>13</i>	2 FILER NAME <i>Moorehead</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/17/25</i>	5 Payee name <i>American Bar Association</i>		
6 Amount (\$) <i>335-</i>	7 Payee address: <i>321 N Clark</i>	City; State; Zip Code <i>Chicago, IL 60654</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Dues</i>	(b) Description <i>Membership</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
Date <i>10/1/25</i>	Payee name <i>Texas A&M Foundation</i>		
Amount (\$) <i>\$1500-</i>	Payee address: <i>1515 Commerce</i>	City; State; Zip Code <i>Fortworth TX 76102</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Sponsorship</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
Date <i>10/15/25</i>	Payee name <i>Alpha Xi Omega</i>		
Amount (\$) <i>1000</i>	Payee address: <i>P.O. Box 022333</i>	City; State; Zip Code <i>Dallas, TX 75222-2333</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Sponsorship</i>	Description <i>Advertising</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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
10/30/25	Irving Democrats		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
30-	2700 Finley	Irving, TX 75062	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Dues	Membership	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/31/25	Dallas Bar Association Community Service Fund		
Amount (\$)	Payee address:	City; State; Zip Code	
255	2101 Ross Avenue Dallas TX 7520		
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Sponsorship	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		
11/1/25	Preston Hollow Democrats		
Amount (\$)	Payee address:	City; State; Zip Code	
100-	P.O. Box 670631 Dallas TX 75267		
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	DUES	Dues	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
1/17/25	Stonewall Democrats		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
35-	P.O. Box 192305	Dallas TX 75219	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	DUES	DUES	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/18/25	Alpha Kappa Alpha Sorority, Inc.		
Amount (\$)	Payee address:	City; State; Zip Code	
420-	P.O. Box 222333	Dallas, TX 75222	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	DUES	Membership	
<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		
1/20/25	American Bar Association		
Amount (\$)	Payee address:	City; State; Zip Code	
30-	321 Clark Ave	Chicago, IL 60654	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Office holder exp	Officeholder exp	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
11/21/25	Stoneleigh P		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
590.71	4218 Lemmon Ave Dallas TX 75219		
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	Event Expense	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/24/25	Arts District Mansion		
Amount (\$)	Payee address:	City: State: Zip Code	
118.04	2101 Ross Avenue Dallas TX 75201		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Food + Bev	Event/F&B	
	<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		
12/1/25	Vista print		
Amount (\$)	Payee address:	City: State: Zip Code	
234.97	275 Wyman Street Waltham Mass 02451		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing	Printing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
12/12/25	Texas Aggie Bear Association		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
250	6387 Camp Bowie Blvd, Suite B	Fort Worth TX 76116	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Expense	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	Payee name		
12/12/25	Dallas County Democratic Party		
Amount (\$)	Payee address:	City; State; Zip Code	
2,500	1414 N. Washington Dallas TX	75204	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Filing Expense	Filing Expense	
	<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		
12/18/25	Texas Criminal Defense Lawyer Association		
Amount (\$)	Payee address:	City; State; Zip Code	
499.00	6808 Hill Meadow Austin TX	78786	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Registration 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 <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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
12/10/25	Culinary Dropout		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
12/10/25 12/10/25 12/10/25	150 Turtle Creek Dallas, TX	75207	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Event Exp	Food & Beverage	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/15/25	United States Postal Service		
Amount (\$)	Payee address:	City: State: Zip Code	
62.40	5521 Hampton Dallas	TX 75232	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Other	Postage	
<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		
12/22/25	Democracy Toolbox		
Amount (\$)	Payee address:	City: State: Zip Code	
1,820	P.O. Box 6250	MCKINNEY TX	75071
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Consulting Exp	Consulting	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
13	Moorehead	
4 Date	5 Payee name	
12/24/25	Mexican American Bar Association	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
50 -	2101 Ross Ave Dallas TX 75201	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Dues	Fees
	<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	
12/29/25	Dallas Bar Association	
Amount (\$)	Payee address:	City: State: Zip Code
530 -	2101 Ross Avenue Dallas TX 75201	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Dues	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	
12/29/25	Kimberlee Walter/ MIKMI LLC	
Amount (\$)	Payee address:	City: State: Zip Code
191.25	P.O. Box 831332 Richardson TX 75083	
<input type="checkbox"/> Check if individual's residence address.		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
13	Moorehead		
4 Date	5 Payee name		
11/19/25	STRIP Payments		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
370.75	354 Oyster Point	South San Francisco CA 94080	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) 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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
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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